01/29/04

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT	- AGED	AID CODE	10		
					MON'	THLY AVERAC	GE
1,998 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_,,,,,	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,415	36,550 \$	564,512.99	\$ 15.44	18.293 \$	398.95	
	249	584 \$		\$ 17.87	.292 \$	41.91	\$ 5.22
@PHYSICIANS SERVICES		•	10,435.73				
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	U	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	1,005.21	1005.21	.001	1005.21	.50
PRINCIPAL SURGEON	1	1	1,005.21	1005.21	.001	1005.21	.50
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	Û	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
PSYCHIATRY	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	248	583	9,430.52	16.18	.292	38.03	4.72
@PHARMACY	1,264	20,674 \$	369,180.85	\$ 17.86	10.347 \$	292.07	
PRESCRIPTION DRUGS	1,246	4,309	353,975.06	82.15	2.157	284.09	177.16
SNF/ICF	7	36	1,639.90	45.55	.018	234.27	.82
OUTPATIENTS	1,242	4,273	352,335.16	82.46	2.139	283.68	176.34
MEDICAL SUPPLIES	172	16,365	15,205.79	.93	8.191	88.41	7.61
@DENTIST	41	136 \$	7,309.00	\$ 53.74	.068 \$	178.27	\$ 3.66
VISITS - DIAGNOSTIC	20	70	849.00	12.13	.035	42.45	.42
ORAL SURGERY	8	24	1,008.00	42.00	.012	126.00	.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	O E	5	710.00	142.00	.003	142.00	.36
ENDODONTICS ENDODONTICS	1	1	330.00	330.00	.003	330.00	.17
	1	12					
RESTORATIVE DENTISTRY	8		871.00	72.58	.006	108.88	. 44
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	12	24	3,541.00	147.54	.012	295.08	1.77
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES N					PAGE 1,602
MOP024	FEE-FOR-SERVICE						01/29/04
COLUSA COUNTY		ICES FOR CASH GRANT	- AGED	AID CODE	10		01,20,01
COLIODII COUNTI	SOFTMENT OF SHICK.	LOLD TOR CADII GRANT	110110	TILD CODE	MON'	יאד.ע אַזודם אַ	3F
					MOIN.	TILL AVERA	JE

1,998 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	79 \$	1,576.20	\$ 19.95	.040 \$	49.26	\$.79
DIAGNOSTIC AND ANC. PROCED	2	2	67.45	33.73	.001	33.73	.03
EYE APPLIANCES	22	68	1,150.62	16.92	.034	52.30	.58
OTHER OPTOMETRIC SERVICES	9	9	358.13	39.79	.005	39.79	.18
@CHIROPRACTOR	1	2 \$	23.74	\$ 11.87	.001 \$	23.74	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	23.74	11.87	.001	23.74	.01
@PODIATRIST	40	48 \$	438.72	\$ 9.14	.024 \$		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
	40	48	438.72		.024	10.97	.22
OTHER	0	0 \$		9.14			
@HOME HEALTH AGENCY			.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	2	18 \$	195.71	\$ 10.87	.009 \$	97.86	\$.10
NURSE MIDWIFE	U	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	284	1,593 \$	72,937.59	\$ 45.79	.797 \$	256.82	\$ 36.51
HOSP INPATIENT TOTAL	32	121	56,304.63	465.33	.061	1759.52	28.18
HSC HOSPITALS	1	0	39.32	.00	.000	39.32	.02
NON-HSC HOSPITAL TOTAL	5	32	36,218.66	1131.83	.016	7243.73	18.13
ACCOMMODATIONS	5	32	13,790.81	430.96	.016	2758.16	6.90
ADMINISTRATIVE DAYS	1	2	456.77	228.39	.001	456.77	.23
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	30	13,334.04	444.47	.015	2666.81	6.67
ANCILLARIES	4	0	22,427.85	.00	.000	5606.96	11.23
INPATIENT CROSSOVERS	26	89	20,046.65	225.24	.045	771.03	10.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	265	1,472	16,632.96	11.30	.737	62.77	8.32
MEDICAL	1	2	139.24	69.62	.001	139.24	.07
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	13	129.19	9.94	.007	64.60	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	263	1,457	16,364.53	11.23	.729	62.22	8.19
@COUNTY HOSPITAL TOTAL	1	0 \$	39.32	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	1	0	39.32	.00	.000	39.32	.02
HSC HOSPITALS	1	0	39.32	.00	.000	39.32	.02
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Ô	.00	.00	.000	.00	.00
ANCILLARIES	0	Ů	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ů	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	Ů	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00			.00	
	0	0		.00	.000		.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	MEDI GAI GERTIG	U AND EXPENDING A	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	ION I H-OF-PAYMENT RE	PORT FOR JAN 2	UU3 THRU DE	<i>≟</i> ⊿003	PAGE 1,603
MOP024	FEE-FOR-SERVICE		A CED	ATD CODE	1.0		01/29/04
COLUSA COUNTY	SUMMAKI OF SERV	ICES FOR CASH GRANT	- AGED	AID CODE	MON'	עמבונע אוובים	CF
				•	MOM	ındı Aveka'	GE

							DED DITC		HORD		DI TOTDI D
ACOMMINITES HACRITURAL TOTAL	283	OR DAYS OF CARE	ė,	72 000 1		PER UNIT/DAY	-		USER		ELIGIBLE 36.49
@COMMUNITY HOSPITAL TOTAL		1,593	\$	72,898.2		\$ 45.76	.797	Ş	257.59	\$	
COMM HOSP INPATIENT TOTAL	31	121		56,265.3		465.00	.061		1815.01		28.16
HSC HOSPITALS	0	0			00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	5	32		36,218.6		1131.83	.016		7243.73		18.13
ACCOMMODATIONS	5	32		13,790.8		430.96	.016		2758.16		6.90
ADMINISTRATIVE DAYS	1	2		456.		228.39	.001		456.77		. 23
TRANSITIONAL IP CARE	0	0			00	.00	.000		.00		.00
ALL OTHER ACCOM	5	30		13,334.0		444.47	.015		2666.81		6.67
ANCILLARIES	4	0		22,427.8		.00	.000		5606.96		11.23
INPATIENT CROSSOVERS	26	89		20,046.6	65	225.24	.045		771.03		10.03
ALL OTHER INPATIENT	0	0			00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	265	1,472		16,632.9	96	11.30	.737		62.77		8.32
MEDICAL	1	2		139.2	24	69.62	.001		139.24		.07
SURGERY	0	0		. (00	.00	.000		.00		.00
PATHOLOGY	2	13		129.1	19	9.94	.007		64.60		.06
RADIOLOGY	0	0		. (00	.00	.000		.00		.00
ROOM USE	0	0		. (00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	263	1,457		16,364.5	53	11.23	.729		62.22		8.19
@STATE HOSPITAL	0	, 0	\$			\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	т		00	.00	.000	4	.00	т.	.00
DEVELOP. DISABLED	0	0			00	.00	.000		.00		.00
@NURSING FACILITY	8	180	\$	23,138.3		\$ 128.55	.090	\$	2892.29	\$	11.58
LEV A-INTERMEDIATE	0	0	~		00	.00	.000	Ψ.	.00	Τ.	.00
LEV B-REHAB MD	0	0			00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			00	.00	.000		.00		.00
LEV B-SUBACUTE HISPIL BASED LEV B-TRANSITIONAL IP CARE	0	0			00	.00	.000		.00		.00
LEV B-REGULAR	0	180		23,138.3		128.55	.090		2892.29		11.58
@INTERMEDIATE CARE FACILDD	0	0	\$			\$.00	.000	\$.00	\$.00
	0		Ą			•		Ą		Ą	
ICF DDH	0	0			00	.00	.000		.00		.00
ICF DD	0				00	.00	.000		.00		.00
ICF DDN/DDCN	_	0	4		00	.00	.000	4	.00	4	
@HEMODIALYSIS TOTAL	21	32	\$	13,986.0		\$ 437.07	.016	\$	666.00	\$	7.00
HOSPITAL BASED	0	0			00	.00	.000		.00		.00
HEMODIALYSIS CENTER	21	32	_	13,986.0		437.07	.016		666.00		7.00
@REHABILITATION FACILITY	0	0	\$			\$.00		\$.00	\$.00
HOSPITAL BASED	0	0			00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			00	.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	17.8		\$ 8.91	.001	\$	8.91	\$.01
PATHOLOGY	0	0			00	.00	.000		.00		.00
XO AND OTHERS	2	2		17.8		8.91	.001		8.91		.01
@ORGANIZED OUTPATIENT CLINIC	198	334	\$	17,902.5	59	\$ 53.60	.167	\$	90.42	\$	8.96
CLINIC	3	4		60.5	50	15.13	.002		20.17		.03
SURGICENTER	7	16		1,438.8	89	89.93	.008		205.56		.72
HEROIN DETOX CLINIC	0	0		. (00	.00	.000		.00		.00
RURAL HEALTH CLINIC	190	314		16,403.2	20	52.24	.157		86.33		8.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT	T REP	ORT FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 1,604
MOP024	FEE-FOR-SERVICE	DENTAL									01/29/04
COLUSA COUNTY		ICES FOR CASH GRA	TNA	' - AGED		AID CODE	10				
							M	IONT	HLY AVERA	GE.	
1,998 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURE	ES .	AVERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				PER UNIT/DAY	PER ELIG	ŀ	USER		ELIGIBLE
@ALL OTHER PROVIDERS	196	12,868	\$	47,370.6	62	\$ 3.68			241.69	\$	23.71
DURABLE MED. EQUIP.	6	15	•	6,818.4	44	454.56	.008	•	1136.41	•	3.41
BLOOD BANK	0	0		.(.00	.000		.00		.00
HEARING AID DISPENSERS	9	12		2,668.6		222.39	.006		296.52		1.34
MEDICAL TRANSPORTATION	37	11,573		28,620.4		2.47	5.792		773.53		14.32
AMBULANCES/AIR TRANS	0	0		.(.00	.000		.00		.00
OTHER TRANS	25	11,286		27,689.6		2.45	5.649		1107.59		13.86
O 111111 111110	25	11,200		2,,000.0		2.10	2.017		,		_5.00

OTHER SERVICES	13	287	930.80	3.	.144	71.60	.47
ACUPUNCTURE	2	8	129.76	16.	.004	64.88	.06
ADULT DAY HEALTH CARE CTR	0	0	.00		.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.000	.00	.00
OPTICIAN	33	72	1,041.70	14.	.036	31.57	.52
PHYSICAL THERAPIST	0	0	.00		.000	.00	.00
PORTABLE X-RAY	0	0	.00		.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	147.74	24.	.003	49.25	.07
PROSTHETICS	3	6	147.74	24.	.003	49.25	.07
ORTHOTICS	0	0	.00		.000	.00	.00
PSYCHOLOGIST	0	0	.00		.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	742.29	247.	.002	742.29	.37
HOSPICE SERVICES	0	0	.00		.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.000	.00	.00
ALL OTHER PROVIDERS	121	1,179	7,201.58	6.	L1 .590	59.52	3.60
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	608	3,507	\$ 73,273.88	\$ 20.	39 1.755	\$ 120.52	\$ 36.67

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,605 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CASH GRANT - BLIND COLUSA COUNTY AID CODE 20

----- MONTHLY AVERAGE -----187 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 33.791 .642 .21 .187 37.87 .102 .00 .000 .000 11,929 174,894.77 63.791 \$ 1150.62 \$ 935.27 @TOTAL, ALL PROVIDERS 152 \$ 14.66 .642 \$ 111.22 \$ 46 120 5,115.97 \$ 42.63 @PHYSICIANS SERVICES 26 OUTPATIENT VISITS 35 63.55 8.84 OFFICE VISITS 17 19 42.33 3.85 0 0 .00 HOME VISITS .00 EMERGENCY ROOM 129.24 2.76 .00 PREVENTIVE CARE 0 0 .00 0 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT 9 51.98 2.22 INPATIENT VISITS 30 662.81 HOSPITAL VISITS 512.44 8.22 451.12 2.41 CRITICAL CARE .00 SNF/ICF/TRANS IP CARE .00 31.58 OPHTHALMOLOGICAL SERVICES .51 EXAMINATIONS SERVICES AND MATERIALS .00 .00 358.88 INPATIENT HOSPITAL SURGERY 1 1.92 PRINCIPAL SURGEON 1 358.88 1.92 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .00 .000 .00 OUTPATIENT SURGERY 161.40 23.06 161.40 .037 .86 .00 .00 .000 PRINCIPAL SURGEON .00 .00 .00 .00 ASSISTANT SURGEON .00 .000 .00 161.40 23.06 .037 161.40 ANESTHESIOLOGIST DIALYSIS 0 .00 .00 .000 .00 .00 32.90 PATHOLOGY 6.58 .027 10.97 .18 328.10 20.51 .086 54.68 1.75 RADIOLOGY 16 **PSYCHIATRY** Ω .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	23		499.14		21.70	.123	27.73	2.67
@PHARMACY	131	3,008	\$	67,323.89	\$	22.38	16.086	\$ 513.92	\$ 360.02
PRESCRIPTION DRUGS	131	585	·	62,816.84	•	107.38	3.128	479.52	335.92
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	131	585		62,816.84		107.38	3.128	479.52	335.92
MEDICAL SUPPLIES	20	2,423		4,507.05		1.86	12.957	225.35	24.10
@DENTIST	11	62	\$	2,001.00	\$	32.27	.332	\$ 181.91	\$ 10.70
VISITS - DIAGNOSTIC	6	41		444.00		10.83	.219	74.00	2.37
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	3	4		718.00		179.50	.021	239.33	3.84
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	10		509.00		50.90	.053	84.83	2.72
PROSTHETICS	0	0		.00		.00	.000	.00	.00

DENTURES, STAYPLATES	3	7	330.00	47.14	.037	110.00	1.76
SPACE MAINTAINERS	0	Ó	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 1,606
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	Γ - BLIND	AID CODE	20		

----- MONTHLY AVERAGE -----187 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 8 @OPTOMETRIST 159.31 19.91 .043 53.10 Ś .85 47.45 DIAGNOSTIC AND ANC. PROCED 1 47.45 .005 47.45 .25 111.86 15.98 .037 37.29 EYE APPLIANCES .60 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 . 00 OTHER SERVICES 0 .00 .00 .000 .00 .00 8.25 1.38 2.75 @PODIATRIST .032 .04 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. .00 .00 .000 .00 .00 .00 .00 .00 .000 . 00 RADIO./PATHOLOGY OTHER 8.25 1.38 .032 2.75 .04 @HOME HEALTH AGENCY 11 1,585 46,775.23 \$ 29.51 8.476 4252.29 250,13 Ġ NURSE ANESTHESIST 0 .00 \$.00 .000 .00 \$.00 .000 NURSE MIDWIFE .00 .00 .00 Ś .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 39,336.25 210.35 @TOTAL HOSPITAL 186 211.49 .995 1092.67 1060.71 HOSP INPATIENT TOTAL 34 36,064.00 .182 12021.33 192.86 HSC HOSPITALS 30 35,224.00 1174.13 .160 17612.00 188.36 Ω .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 ACCOMMODATIONS .00 .00 .000 . 00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS 840.00 210.00 .021 840.00 4.49 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL 152 3,272.25 21.53 .813 99.16 17.50 MEDICAL 18.88 37.76 6 113.29 .032 .61 69.11 SURGERY 1 69.11 .005 69.11 .37 PATHOLOGY 12 58 604.51 10.42 .310 50.38 3.23 10 714.38 71.44 102.05 RADIOLOGY .053 3.82 24 823.48 34.31 .128 41.17 4.40 ROOM USE 53 947.48 17.88 .283 67.68 5.07 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL 0 .00 .00 .000 .00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 .00 .00 .000 .00 .000 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .000 . 00 .00 CO HOSP OUTPATIENT TOTAL MEDICAL .00 .00 .000 .00 .00

										•
GUD GEDU	0	2		0.0		0.0	000	0.0		0.0
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	U		.00		.00	.000	.00		.00
RADIOLOGY	0	U		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	· ·	DEG 14	.00		.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPOR.	I FOR JAN 2	2003 THRU 1	DEC 2003	Ρ.	AGE 1,607
MOP024	FEE-FOR-SERVICE			DT T1TD		3.TD G0DE	0.0			01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RAN'I	- BLIND		AID CODE				
100 01 10101 00	Hanna		_		2.7.			ONTHLY AVERA	-	
187 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST				COST PER
		OR DAYS OF CAR				R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	186	\$	39,336.25	\$	211.49	.995		\$	210.35
COMM HOSP INPATIENT TOTAL	3	34		36,064.00		1060.71	.182	12021.33		192.86
HSC HOSPITALS	2	30		35,224.00		1174.13	.160	17612.00		188.36
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	1	4		840.00		210.00	.021	840.00		4.49
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	33	152		3,272.25		21.53	.813	99.16		17.50
MEDICAL	3	6		113.29		18.88	.032	37.76		.61
SURGERY	1	1		69.11		69.11	.005	69.11		.37
PATHOLOGY	12	58		604.51		10.42	.310	50.38		3.23
RADIOLOGY	7	10		714.38		71.44	.053	102.05		3.82
ROOM USE	20	24		823.48		34.31	.128	41.17		4.40
CROSSOVERS/ALL OTH OUTPTNT	14	53		947.48		17.88	.283	67.68		5.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0	7	.00	-	.00	.000	.00	-	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	٧	.00	٧	.00	.000	.00	٧	.00
LEV B-REHAB MD	Ů	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
	U	0	Þ	.00	Þ			•	Þ	
ICF DDH	0	0				.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00

ICF DDN/DDCN .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$.00 .00 0 HOSPITAL BASED .00 .00 .000 .00 .00 HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 .00 .00 \$.00 .000 \$.00 @REHABILITATION FACILITY \$.00 HOSPITAL BASED 0 .00 .000 .00 .00 .00 INDEPENDENT FACILITY 0 .00 .000 .00 .00 @LABORATORY FACILITY 36 402.67 11.19 .193 \$ 50.33 \$ 2.15 50.33 PATHOLOGY 36 402.67 11.19 .193 2.15 XO AND OTHERS 0 0 .00 .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC 27 43 3,675.76 85.48 .230 136.14 19.66 CLINIC 0 0 .00 .00 .000 .00 .00 0 .000 SURGICENTER 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC

3,675.76

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND

27

FEE-FOR-SERVICE/DENTAL

RURAL HEALTH CLINIC

MOP024

#CALIF DEPT OF HEALTH SERV

43

.230

136.14

19.66

01/29/04

PAGE 1,608

187 ELIGIBLES	USERS UI	NITS OF SERVI	TE.	EX	PENDITURES	AVI	ERAGE COST			COST PER	COST PER
10, 22101222		OR DAYS OF CAR					R UNIT/DAY	PER ELIG	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	6,875	\$		10,096.44	\$	1.47	36.765		673.10	\$ 53.99
DURABLE MED. EQUIP.	4	8			2,891.51		361.44	.043	•	722.88	15.46
BLOOD BANK	0	0			.00		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00	.00
MEDICAL TRANSPORTATION	2	28			226.71		8.10	.150		113.36	1.21
AMBULANCES/AIR TRANS	2	28			226.71		8.10	.150		113.36	1.21
OTHER TRANS	0	0			.00		.00	.000		.00	.00
OTHER SERVICES	0	0			.00		.00	.000		.00	.00
ACUPUNCTURE	0	0			.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00	.00
OPTICIAN	3	5			63.98		12.80	.027		21.33	.34
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00	.00
PROSTHETICS	0	0			.00		.00	.000		.00	.00
ORTHOTICS	0	0			.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00	.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	3	6,828			6,844.83		1.00	36.513		2281.61	36.60
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	4	6			69.41		11.57	.032		17.35	.37
@CALIF. CHILDREN SERVICES*	10	256	\$		47,578.31	\$	185.85	1.369	\$	4757.83	\$ 254.43
@XOVER EXCLUDING STATE HOSP**	22	68	\$		1,545.17	\$	22.72	.364	\$	70.24	\$ 8.26
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARATI	E INFORMATION	ITEM	ONLY;							

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,609
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

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					MO1	NTHLY AVERA	GE
4,648 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,789	125,705 \$	2,737,163.83	\$ 21.77	27.045	722.40	\$ 588.89
@PHYSICIANS SERVICES	970	3,735 \$	127,589.49	\$ 34.16	.804	131.54	\$ 27.45
OUTPATIENT VISITS	409	627	23,617.74	37.67	.135	57.75	5.08
OFFICE VISITS	324	472	15,672.84	33.21	.102	48.37	3.37
HOME VISITS	13	16	646.60	40.41	.003	49.74	.14
EMERGENCY ROOM	66	101	6,063.40	60.03	.022	91.87	1.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.000	126.31	.03
OTHER OUTPATIENT	34	37	1,108.59	29.96	.008	32.61	.24
INPATIENT VISITS	58	506	25,145.20	49.69	.109	433.54	5.41
HOSPITAL VISITS	54	433	17,173.18	39.66	.093	318.02	3.69
CRITICAL CARE	14	67	7,817.62	116.68	.014	558.40	1.68
SNF/ICF/TRANS IP CARE	3	6	154.40	25.73	.001	51.47	.03
OPHTHALMOLOGICAL SERVICES	23	24	1,077.12	44.88	.005	46.83	.23
EXAMINATIONS	23	24	1,077.12	44.88	.005	46.83	.23
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	27	168	10,417.33	62.01	.036	385.83	2.24
PRINCIPAL SURGEON	18	31	7,706.10	248.58	.007	428.12	1.66

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1		121.61		121.61	.000		121.61		.03
ANESTHESIOLOGIST	11	136		2,589.62		19.04	.029		235.42		.56
						19.01					
OUTPATIENT SURGERY	80	240		19,713.08		82.14	.052		246.41		4.24
PRINCIPAL SURGEON	68	90		16,264.95		180.72	.019		239.19		3.50
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	20			3,448.13							.74
		150		3,448.13		22.99	.032		172.41		
DIALYSIS	25	238		6,871.69		28.87	.051		274.87		1.48
PATHOLOGY	47	105		2,121.52		20.20	.023		45.14		.46
RADIOLOGY	171	334		14,196.63		42.50	.072		83.02		3.05
	0	0									
PSYCHIATRY				.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	19	141		2,574.56		18.26	.030		135.50		.55
OTHER SERVICES/ALL X-OVERS	471	1,352		21,854.62		16.16	.291		46.40		4.70
@PHARMACY	3,243	28,527	\$	1,403,089.41	\$	49.18	6.137	Ġ		Ġ	301.87
			Ą		Ą			Ą		Ą	
PRESCRIPTION DRUGS	3,222	14,483		1,371,242.50		94.68	3.116		425.59		295.02
SNF/ICF	33	292		16,302.22		55.83	.063		494.01		3.51
OUTPATIENTS	3,193	14,191		1,354,940.28		95.48	3.053		424.35		291.51
MEDICAL SUPPLIES	312	14,044		31,846.91		2.27	3.022		102.07		6.85
					4.			4.		4.	
@DENTIST	112	651	\$	21,526.00	\$	33.07	.140	Ş		Ş	4.63
VISITS - DIAGNOSTIC	74	424		4,742.00		11.18	.091		64.08		1.02
ORAL SURGERY	17	57		3,270.00		57.37	.012		192.35		.70
	0	0									
DRUGS				.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.02
PERIODONTICS	12	13		1,864.00		143.38	.003		155.33		.40
ENDODONTICS	3	4		1,205.00		301.25	.001		401.67		.26
	34										
RESTORATIVE DENTISTRY		100		4,966.00		49.66	.022		146.06		1.07
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	16	37		4,236.00		114.49	.008		264.75		.91
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	1	1		48.00							
MAXILLOFACIAL SERVICES						48.00	.000		48.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	5	8		1,065.00		133.13	.002		213.00		.23
ORTHODONTIC SERVICES	5 4	8 5		1,065.00		133.13	.002		213.00		.23
ALL OTHER SERVICES	4	5	SEC M	.00	3D0D	.00	.001	DEG	.00	D.	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	4 MEDI-CAL SERVI	5 CES AND EXPENDITUR	RES MO	.00	EPOR	.00	.001	DEC	.00	P <i>I</i>	.00 AGE 1,610
ALL OTHER SERVICES	4	5 CES AND EXPENDITUR	RES MO	.00	EPOR	.00	.001	DEC	.00	P <i>I</i>	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	4 MEDI-CAL SERVIC FEE-FOR-SERVIC	5 CES AND EXPENDITUR E/DENTAL		.00 ONTH-OF-PAYMENT RE		.00 T FOR JAN	.001 2003 THRU	DEC	.00	P <i>I</i>	.00 AGE 1,610
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	4 MEDI-CAL SERVIC FEE-FOR-SERVIC	5 CES AND EXPENDITUR		.00 NTH-OF-PAYMENT RE		.00	.001 2003 THRU 60		.00		.00 AGE 1,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	4 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR	RANT -	.00 ONTH-OF-PAYMENT RE - DISABLED		.00 T FOR JAN AID CODE	.001 2003 THRU 60	ONT	.00 2003 THLY AVERA	GE -	.00 AGE 1,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	4 MEDI-CAL SERVIC FEE-FOR-SERVIC	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE	RANT -	.00 ONTH-OF-PAYMENT RE	AV	.00 T FOR JAN AID CODE ERAGE COST	.001 2003 THRU 60 M UNITS/DAY	ONT	.00 2003 HLY AVERA COST PER	GE -	.00 AGE 1,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	4 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR	RANT -	.00 ONTH-OF-PAYMENT RE - DISABLED	AV	.00 T FOR JAN AID CODE	.001 2003 THRU 60 M UNITS/DAY	ONT	.00 2003 THLY AVERA	GE -	.00 AGE 1,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES	4 MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SER	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE	RANT -	.00 ONTH-OF-PAYMENT RE - DISABLED EXPENDITURES	AV PE	.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY	.001 2003 THRU 60 M UNITS/DAY PER ELIG	ONT	.00 2003 HLY AVERA COST PER USER	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC USERS	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56	AV	.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052	ONT	.00 2003 HLY AVERA COST PER USER 55.13	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82	AV PE	.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007	ONT	.00 2003 HLY AVERA COST PER USER 55.13 44.75	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30	AV PE	.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042	ONT	.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82	AV PE	.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007	ONT	.00 2003 HLY AVERA COST PER USER 55.13 44.75	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13	RANT - E E \$.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003	ONT S \$.00 2003 *HLY AVERA COST PER USER 55.13 44.75 46.54 32.84	GE - (I \$.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04	AV PE	.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002	ONT S \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01	GE - (I \$.00 AGE 1,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4	RANT - E E \$.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001	ONT S \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29	GE - (I \$.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5	RANT - E E \$.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001	ONT S \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01	GE - (I \$.00 AGE 1,610 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001	ONT S \$.00 2003 THLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72	GE - (; \$.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 3 35	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48	RANT - E E \$.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001	ONT S \$.00 2003 THLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54	GE - (; \$.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 3 5 2	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48	RANT -	.00 DNTH-OF-PAYMENT RE- DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001	ONT S \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70	GE - (; \$.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 3 35	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5	RANT -	.00 DNTH-OF-PAYMENT RE- - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001	ONT S \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00	GE - (; \$.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 35 2	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48	RANT -	.00 DNTH-OF-PAYMENT RE- DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001	ONT S \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70	GE - (; \$.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 35 2 5 1	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001	ONT S \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60	GE - (; \$.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 35 2 5 1 28	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2 38	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .010 .001	ONT S \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46	GE -	.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .01 .10
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 35 2 5 1 28 35	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2 38 361	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .010 .001 .001 .001 .000 .001	ONT S \$ \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .10 4.05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 35 2 5 11 28 35 15	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2 38 361 71	RANT	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68	AV PE \$ \$ \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .010 .001 .001 .001 .001	ONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51	GE -	.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .10 4.05 .27
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 35 2 5 1 28 35	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2 38 361	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .010 .001 .001 .001 .000 .001	ONT S \$ \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .10 4.05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 35 2 5 1 28 35 15 0	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 22 38 361 71 0	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68 .00	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17 17.43 .00	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001 .001 .001 .001 .001	ONT S \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .15 .27
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC USERS 91 33 69 10 6 3 3 35 2 5 1 28 35 15 0 1	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2 38 361 71 0	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68 .00 208.49	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17 17.43 .00 208.49	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001 .001 .001 .001 .001	ONT S \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51 .00 208.49	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .15 .27 .00 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC SUMMARY OF SERVIC 91 33 69 10 6 3 3 35 2 5 1 1 28 35 15 0	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 22 38 361 71 0 1	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68 .00 208.49 .00	AV PE \$ \$ \$ \$ \$ \$ \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17 17.43 .00 208.49 .00	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001 .001 .001 .001 .001	ONT S \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51 .00 208.49	E - () H	.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .01 .10 4.05 .27 .00 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC USERS 91 33 69 10 6 3 3 35 2 5 1 28 35 15 0 1	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2 38 361 71 0	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68 .00 208.49	AV PE \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17 17.43 .00 208.49 .00 112.82	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001 .001 .001 .001 .000 .008 .078 .015 .000 .000 .000 .000	ONT S \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51 .00 208.49	GE - (.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .15 .27 .00 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC SUMMARY OF SERVIC 91 33 69 10 6 3 3 35 2 5 1 1 28 35 15 0	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 22 38 361 71 0 1	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68 .00 208.49 .00	AV PE \$ \$ \$ \$ \$ \$ \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17 17.43 .00 208.49 .00 112.82	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001 .001 .001 .001 .000 .008 .078 .015 .000 .000 .000 .000	ONT S \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51 .00 208.49	E - () H	.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .01 .10 4.05 .27 .00 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC SUMMARY OF SERVIC USERS 91 33 69 10 6 3 3 35 2 5 1 28 35 15 0 1,104 90	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 22 38 361 71 0 1 0 5,531 468	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68 .00 208.49 .00 623,999.39 522,819.89	AV PE \$ \$ \$ \$ \$ \$ \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17 17.43 .00 208.49 .00 112.82 1117.14	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001 .001 .001 .001 .000 .008 .078 .015 .000 .000 .000 .190 .101	ONT ONS \$ \$ \$ \$\$\$\$\$\$\$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51 .00 208.49 .00 565.22 5809.11	E - () H	.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .01 .10 4.05 .27 .00 .04 .00 134.25 112.48
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC SUMMARY OF SERVIC USERS 91 33 69 10 6 3 3 35 2 5 1 28 35 15 0 1,104 90 16	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2 38 361 71 0 5,531 468 194	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68 .00 208.49 .00 623,999.39 522,819.89 218,275.00	AV PE \$ \$ \$ \$ \$ \$ \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17 17.43 .00 208.49 .00 112.82 117.14 1125.13	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001 .001 .001 .001 .001	ONT ONS \$ \$ \$ \$\$\$\$\$\$\$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51 .00 208.49 .00 565.22 5809.11	E - () H	.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .10 4.05 .27 .00 .04 .05 .27 .00 .04 .00 134.25 112.48 46.96
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ETOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	4 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 91 33 69 10 6 3 3 35 2 5 1 28 35 15 0 1,104 90 16 45	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2 38 361 71 0 5,531 468 194 135	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68 .00 208.49 .00 623,999.39 522,819.89 218,275.00 276,691.97	AV PE \$ \$ \$ \$ \$ \$ \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17 17.43 .00 208.49 .00 112.82 1117.14 1125.13 2049.57	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001 .001 .001 .001 .000 .008 .078 .015 .000 .000 .000 .1190 .101 .042 .029	ONT ONS \$ \$ \$ \$\$\$\$\$\$\$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51 .00 208.49 .00 565.22 5809.11 13642.19 6148.71	E - () H	.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .10 4.05 .27 .00 .04 .00 134.25 112.48 46.96 59.53
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 4,648 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVIC FEE-FOR-SERVIC SUMMARY OF SERVIC SUMMARY OF SERVIC USERS 91 33 69 10 6 3 3 35 2 5 1 28 35 15 0 1,104 90 16	5 CES AND EXPENDITUR E/DENTAL VICES FOR CASH GR UNITS OF SERVICE OR DAYS OF CARE 242 33 196 13 9 4 5 48 3 5 2 38 361 71 0 5,531 468 194	RANT -	.00 DNTH-OF-PAYMENT RE - DISABLED EXPENDITURES 5,016.56 1,476.82 3,211.30 328.44 132.04 66.88 65.16 684.01 123.40 65.00 34.60 461.01 18,834.91 1,237.68 .00 208.49 .00 623,999.39 522,819.89 218,275.00	AV PE \$ \$ \$ \$ \$ \$ \$.00 T FOR JAN AID CODE ERAGE COST R UNIT/DAY 20.73 44.75 16.38 25.26 14.67 16.72 13.03 14.25 41.13 13.00 17.30 12.13 52.17 17.43 .00 208.49 .00 112.82 117.14 1125.13	.001 2003 THRU 60 M UNITS/DAY PER ELIG .052 .007 .042 .003 .002 .001 .001 .001 .001 .001 .001 .001	ONT ONS \$ \$ \$ \$\$\$\$\$\$\$.00 2003 HLY AVERA COST PER USER 55.13 44.75 46.54 32.84 22.01 22.29 21.72 19.54 61.70 13.00 34.60 16.46 538.14 82.51 .00 208.49 .00 565.22 5809.11	E - () H	.00 AGE 1,610 01/29/04 COST PER ELIGIBLE 1.08 .32 .69 .07 .03 .01 .01 .15 .03 .01 .10 4.05 .27 .00 .04 .05 .27 .00 .04 .00 134.25 112.48 46.96

ADMINISTRATIVE DAYS	2	11	2,326.72	211.52	.002	1163.36	.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	43	124	66,559.03	536.77	.027	1547.88	14.32
ANCILLARIES	44	0	207,806.22	.00	.000	4722.87	44.71
INPATIENT CROSSOVERS	32	139	27,852.92	200.38	.030	870.40	5.99
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,056	5,063	101,179.50	19.98	1.089	95.81	21.77
MEDICAL	155	263	10,090.31	38.37	.057	65.10	2.17
SURGERY	61	65	3,749.53	57.69	.014	61.47	.81
PATHOLOGY	368	1,384	15,249.73	11.02	.298	41.44	3.28
RADIOLOGY	230	352	19,313.19	54.87	.076	83.97	4.16
ROOM USE	333	486	21,248.52	43.72	.105	63.81	4.57
CROSSOVERS/ALL OTH OUTPTNT	615	2,513	31,528.22	12.55	.541	51.27	6.78
@COUNTY HOSPITAL TOTAL	3	24	\$ 1,018.13	\$ 42.42	.005	\$ 339.38	\$.22
CO HOSPITAL INPATIENT TOTAL	1	18	840.00	46.67	.004	840.00	.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	18		840.00	46.67	.004	840.00		.18
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	6		178.13	29.69	.001	89.07		.04
	2	6							
MEDICAL	U	U		.00	.00	.000	.00		.00
SURGERY	U	U		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		178.13	29.69	.001	89.07		.04
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	2003	PA	GE 1,611
MOP024	FEE-FOR-SERVICE								01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	RANT ·	- DISABLED	AID CODE	60			
						MON'	THLY AVERA	GE -	
4,648 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,102	5,507	\$	622,981.26	\$ 113.13	1.185 \$	565.32	\$	134.03
COMM HOSP INPATIENT TOTAL	89	450		521,979.89	1159.96	.097	5864.94		112.30
HSC HOSPITALS	16	194		218,275.00	1125.13	.042	13642.19		46.96
NON-HSC HOSPITALS TOTAL	45	135		276,691.97	2049.57	.029	6148.71		59.53
ACCOMMODATIONS	45	135		68,885.75	510.26	.029	1530.79		14.82
ADMINISTRATIVE DAYS	2	11		2,326.72	211.52	.002	1163.36		.50
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	43	124		66,559.03	536.77	.027	1547.88		14.32
ANCILLARIES	44	0		207,806.22	.00	.000	4722.87		44.71
INPATIENT CROSSOVERS	31	121		27,012.92	223.25	.026	871.38		5.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,055	5,057		101,001.37	19.97	1.088	95.74		21.73
MEDICAL	155	263		10,090.31	38.37	.057	65.10		2.17
SURGERY	61	65		3,749.53	57.69	.014	61.47		.81
PATHOLOGY	368	1,384		15,249.73	11.02	.298	41.44		3.28
	230	352		19,313.19	54.87		83.97		4.16
RADIOLOGY	333			•		.076			
ROOM USE		486		21,248.52	43.72	.105	63.81		4.57
CROSSOVERS/ALL OTH OUTPTNT	614	2,507	4	31,350.09	12.51	.539	51.06	4	6.74
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	U	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	23	664	\$	91,167.37	\$ 137.30	.143 \$	3963.80	\$	19.61
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	23	664		91,167.37	137.30	.143	3963.80		19.61
@INTERMEDIATE CARE FACILDD	13	366	\$	54,594.22	\$ 149.16		4199.56	\$	11.75
ICF DDH	13	366		54,594.22	149.16	.079	4199.56		11.75
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	67	2,082	\$	70,926.01	\$ 34.07	.448 \$		\$	15.26
HOCDITAL BACED	0		-	0.0	00	000	00	-	0.0

HOSPITAL BASED

HOSPITAL BASED

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

0

0

0

0

194

0

0

0

\$

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734

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.158 \$

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1058.60

.00

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57.97 \$

.000 \$.00 \$

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15.26

.00

.00

PATHOLOGY	194	734		11,245.44		15.32	.158	57.97		2.42
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	944	1,599	\$	135,377.20	\$	84.66	.344	\$ 143.41	\$	29.13
CLINIC	18	34		3,060.24		90.01	.007	170.01		.66
SURGICENTER	9	17		1,584.32		93.20	.004	176.04		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	925	1,548		130,732.64		84.45	.333	141.33		28.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC 2003	PI	AGE 1,612
MOP024	FEE-FOR-SERVICE/DE	NTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE	S FOR CASH GR	ANT -	- DISABLED		AID CODE	60			
							M	IONTHLY AVERA	AGE -	

					M	MIHLY AVERA	GE
4,648 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	749	81,084 \$	171,535.61	\$ 2.12	17.445	\$ 229.02	\$ 36.91
DURABLE MED. EQUIP.	79	201	34,994.40	174.10	.043	442.97	7.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	28	3,352.99	119.75	.006	257.92	.72
MEDICAL TRANSPORTATION	128	9,928	60,773.34	6.12	2.136	474.79	13.08
AMBULANCES/AIR TRANS	76	1,031	16,017.82	15.54	.222	210.76	3.45
OTHER TRANS	42	8,235	24,301.47	2.95	1.772	578.61	5.23
OTHER SERVICES	29	662	20,454.05	30.90	.142	705.31	4.40
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	18	2,353.25	130.74	.004	392.21	.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	100	221	2,802.72	12.68	.048	28.03	.60
PHYSICAL THERAPIST	2	6	92.82	15.47	.001	46.41	.02
PORTABLE X-RAY	2	6	4.69	.78	.001	2.35	.00
PROSTHETIST/ORTHOTISTS	7	42	4,601.19	109.55	.009	657.31	.99
PROSTHETICS	6	11	610.59	55.51	.002	101.77	.13
ORTHOTICS	1	31	3,990.60	128.73	.007	3990.60	.86
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	95	3,491.13	36.75	.020	166.24	.75
HOSPICE SERVICES	1	4	432.16	108.04	.001	432.16	.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	44	7,468	25,169.23	3.37	1.607	572.03	5.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	414	63,067	33,467.69	.53	13.569	80.84	7.20
@CALIF. CHILDREN SERVICES*	55	315 \$	32,607.98	\$ 103.52	.068	\$ 592.87	\$ 7.02
@XOVER EXCLUDING STATE HOSP**	937	11,927 \$	122,333.45	\$ 10.26	2.566	\$ 130.56	\$ 26.32

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,613 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

						MOI	NTHLY AVERA	GE
5,397 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,688	16,154	\$	621,351.80	\$ 38.46	2.993	\$ 231.16	\$ 115.13
@PHYSICIANS SERVICES	647	2,230	\$	75,931.58	\$ 34.05	.413	\$ 117.36	\$ 14.07
OUTPATIENT VISITS	493	695		24,949.79	35.90	.129	50.61	4.62
OFFICE VISITS	357	493		14,923.63	30.27	.091	41.80	2.77
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	121	171		8,573.41	50.14	.032	70.85	1.59
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	9		776.06	86.23	. 002	97.01	. 14

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	20	22		676.69		30.76	.004		33.83		.13
INPATIENT VISITS	29	74		3,933.47		53.16	.014		135.64		.73
HOSPITAL VISITS	29	71		3,348.69		47.16	.013		115.47		.62
CRITICAL CARE	1	3		584.78		194.93	.013		584.78		.11
	0	0									
SNF/ICF/TRANS IP CARE				.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	11	14		656.34		46.88	.003		59.67		.12
EXAMINATIONS	11	14		656.34		46.88	.003		59.67		.12
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	26	90		17,332.04		192.58	.017		666.62		3.21
PRINCIPAL SURGEON	21	21		15,395.29		733.11	.004		733.11		2.85
ASSISTANT SURGEON	3	3		398.43		132.81	.001		132.81		.07
ANESTHESIOLOGIST	6	66		1,538.32		23.31	.012		256.39		.29
OUTPATIENT SURGERY	68	185		9,571.65		51.74	.034		140.76		1.77
PRINCIPAL SURGEON	56	100		7,503.89		75.04	.019		134.00		1.39
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	13	85		2,067.76		24.33	.016		159.06		.38
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	38	54		339.66		6.29	.010		8.94		.06
RADIOLOGY	65	114		5,834.67		51.18	.021		89.76		1.08
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	15	272		6,491.45		23.87	.050		432.76		1.20
	106	732		6,822.51		9.32	.136		64.36		1.26
OTHER SERVICES/ALL X-OVERS	1,376		4		4	21.92		4		4	25.99
@PHARMACY		6,400	\$	140,289.17	\$		1.186	\$	101.95	Ş	
PRESCRIPTION DRUGS	1,362	2,913		137,109.52		47.07	.540		100.67		25.40
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,362	2,913		137,109.52		47.07	.540		100.67		25.40
MEDICAL SUPPLIES	37	3,487		3,179.65		.91	.646		85.94		.59
@DENTIST	136	719	\$	28,645.25	\$	39.84	.133	\$	210.63	\$	5.31
VISITS - DIAGNOSTIC	99	412		6,379.25		15.48	.076		64.44		1.18
ORAL SURGERY	19	39		3,269.00		83.82	.007		172.05		.61
DRUGS	7	7		145.00		20.71	.001		20.71		.03
ANESTHESIA	4	4		400.00		100.00	.001		100.00		.07
PERIODONTICS	2	2		400.00		200.00	.000		200.00		.07
ENDODONTICS	14	46		3,821.00		83.07	.009		272.93		.71
RESTORATIVE DENTISTRY	50	178		11,143.00		62.60	.033		222.86		2.06
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		120.00		120.00	.000		120.00		.02
MAXILLOFACIAL SERVICES	2	2		98.00		49.00	.000		49.00		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	10	25		2,795.00		111.80	.005		279.50		.52
ALL OTHER SERVICES	2	3		75.00		25.00	.003		37.50		.01
		_						DEG		D.7	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	is M(ONTH-OF-PAYMENT F	KEPOR	T FOR JAN	∠UU3 THRU	DEC	∠003	PA	GE 1,614
MOP024	FEE-FOR-SERVICE			- 40 40 0- 0- C-	25 2		~				01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-3	33 3!	5 4U 42 3A-3M 3P	3R 3	U 3W 4C-40				~-	
5 205							M				
5,397 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COS	r units/day	S (COST PER	C	OST PER

					11014	111111 1 11 1 11 11 11 11	<u> </u>
5,397 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	46	114 \$	2,721.43	\$ 23.87	.021 \$	59.16	\$.50
DIAGNOSTIC AND ANC. PROCED	32	32	1,506.54	47.08	.006	47.08	.28
EYE APPLIANCES	28	80	1,165.98	14.57	.015	41.64	.22
OTHER OPTOMETRIC SERVICES	2	2	48.91	24.46	.000	24.46	.01
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.000 \$	16.72	\$.00
VISITS	1	1	16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	5 \$	186.87	\$ 37.37	.001 \$	62.29	\$.03
MEDICINE/INJECTIONS	3	4	85.60	21.40	.001	28.53	.02
SURGERY/ANES.	1	1	101.27	101.27	.000	101.27	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	9	13 \$	838.9	9 \$	64.54	.002	\$ 93.22	\$.16
NURSE ANESTHESIST	10	109	991.5			.020	\$ 99.16	\$.18
NURSE MIDWIFE	1	8	332.6			.001		\$.06
PEDIATRIC NURSE PRACTITIONER		0 \$. (.000		
FAMILY NURSE PRACTITIONER	0	0 \$. (.000		
@TOTAL HOSPITAL	621	2,768	213,656.3		77.19	.513		
HOSP INPATIENT TOTAL	31	108	138,809.4	E U	1285.27	.020	4477.72	25.72
HSC HOSPITALS	6	13	15,972.0		1228.62	.002	2662.00	2.96
NON-HSC HOSPITAL TOTAL	24	90	122,025.4		1355.84	.017	5084.39	22.61
ACCOMMODATIONS	24	90	25,619.6		284.66	.017	1067.48	4.75
ADMINISTRATIVE DAYS	0	0	.0	0 (.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	. (0 (.00	.000	.00	.00
ALL OTHER ACCOM	24	90	25,619.6		284.66	.017	1067.48	4.75
ANCILLARIES	24	0	96,405.7		.00	.000	4016.91	17.86
INPATIENT CROSSOVERS	1	5	812.0		162.40	.001	812.00	.15
ALL OTHER INPATIENT	0	0	.(.00	.000	.00	.00
	604	0 5 0 2,660 162 47	74,846.9		28.14	.493	123.92	13.87
HOSP OUTPATIENT TOTAL		2,660						
MEDICAL	119	162	6,431.7		39.70	.030	54.05	1.19
SURGERY	46	± /	1,211.8		25.78	.009	26.34	. 22
PATHOLOGY	354	953	10,441.3	30	10.96	.177	29.50	1.93
RADIOLOGY	181	298	11,496.4	-2	38.58	.055	63.52	2.13
ROOM USE	454	619	25,634.2	29	41.41	.115	56.46	4.75
CROSSOVERS/ALL OTH OUTPTNT	264	581	19,631.4	1	33.79	.108	74.36	3.64
@COUNTY HOSPITAL TOTAL	1	2 \$			34.88	.000	\$ 69.75	\$.01
CO HOSPITAL INPATIENT TOTAL		0	. (.00	.000	.00	.00
HSC HOSPITALS	0	0		0	.00	.000	.00	.00
	0	0	. (.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0						
ACCOMMODATIONS	U	0	. (.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	. (.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	. (.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.0		.00	.000	.00	.00
ANCILLARIES	0	0	. (0 (.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	. (0 (.00	.000	.00	.00
ALL OTHER INPATIENT	0	0 2	.0		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	69.7		34.88	.000	69.75	.01
MEDICAL	1	1	35.3		35.32	.000	35.32	.01
SURGERY	0	1 0	.(.00	.000	.00	.00
	0	0	. (.00	.000	.00	.00
PATHOLOGY	0	0 0						
RADIOLOGY	0		. (.00	.000	.00	.00
ROOM USE	1	1	34.4		34.43	.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT		0	. (.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S MONTH-OF-PAYMENT	REPO	ORT FOR JAN	2003 THRU I	DEC 2003	PAGE 1,615
MOP024	FEE-FOR-SERVICE	C/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERV	VICES FOR CGF 30-33	3 35 40 42 3A-3M 3	BP 3R	3U 3W 4C-4G			
						MC	ONTHLY AVERA	GE
5,397 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S A	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
,		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	620	2,766	213,586.6		77.22	.513		
COMM HOSP INPATIENT TOTAL	31	108	138,809.4		1285.27	020		25.72
					1228.62			
HSC HOSPITALS	6	13	15,972.0	10		.002	2662.00	2.96
NON-HSC HOSPITALS TOTAL	24	90	122,025.4		1355.84	.017	5084.39	22.61
ACCOMMODATIONS	24	90	25,619.6		284.66	.017	1067.48	4.75
ADMINISTRATIVE DAYS	0	0	. (.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0		.00	.000	.00	.00
ALL OTHER ACCOM	24	90	25,619.6		284.66	.017	1067.48	4.75
ANCILLARIES	24	0	96,405.7		.00	.000	4016.91	17.86
INPATIENT CROSSOVERS	1	5	812.0		162.40	.001	812.00	.15
ALL OTHER INPATIENT	0	0	.(.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	603	2,658	74,777.2		28.13	.492	124.01	13.86
MEDICAL	118	161	6,396.4		39.73	.030	54.21	1.19
HEDICAL	110	101	0,390.5	. 4	37.13	.030	24.41	1.19

SURGERY PATHOLOGY	46 354	47 953	1,211.82 10,441.30	25.78 10.96	.009 .177	26.34 29.50	.22 1.93
RADIOLOGY	181	298	11,496.42	38.58	.055	63.52	2.13
ROOM USE	453	618	25,599.86	41.42	.115	56.51	4.74
CROSSOVERS/ALL OTH OUTPTNT	264	581	19,631.41	33.79	.108	74.36	3.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	147	451	\$	7,207.76	\$	15.98	.084	\$	49.03	\$	1.34
PATHOLOGY	147	451		7,207.76		15.98	.084		49.03		1.34
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	977	1,531	\$	124,619.22	\$	81.40	.284	\$	127.55	\$	23.09
CLINIC	26	76		3,503.29		46.10	.014		134.74		.65
SURGICENTER	11	68		2,090.27		30.74	.013		190.02		.39
HEROIN DETOX CLINIC	1	20		231.69		11.58	.004		231.69		.04
RURAL HEALTH CLINIC	951	1,367		118,793.97		86.90	.253		124.91		22.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC	2003	P	AGE 1,616
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F	OR CGF 3	0-33	35 40 42 3A-3M 3P	3R 3U	3W 4C-4G					

----- MONTHLY AVERAGE -----5,397 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER FLIGIBLE 25,914.23 \$ 14.36 .334 \$ 97.06 \$ 4.80 @ALL OTHER PROVIDERS 267 1,805 \$ 17 0 0 15 DURABLE MED. EQUIP. 15 17 0 0 0 0 38 578 37 576 0 0 2 2 0 0 0 0 0 2 2 0 0 0 0 0 39 87 0 . 46 BLOOD BANK .00 HEARING AID DISPENSERS .00 MEDICAL TRANSPORTATION 1.78 AMBULANCES/AIR TRANS OTHER TRANS .00 OTHER SERVICES .67 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .04 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 OPTICIAN .14 PHYSICAL THERAPIST 0 2 1 1 0 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .03 PROSTHETICS .01 ORTHOTICS .02 PSYCHOLOGIST .00 14 0 0 SPEECH AND AUDIOLOGY .11 HOSPICE SERVICES .00 0 0 166 1,105 NONINST BIRTHING CENTERS .00 LOCAL EDUCATION AGENCIES 0 EPSDT SUPPLEMENTAL SERVICE .00 0 .00 RESPIRATORY CARE PRACT. 0 0 194 \$ PED SUBACUTE REHAB/WEANING .00 ALL OTHER PROVIDERS 0

@CALIF. CHILDREN SERVICES* 28

@XOVER EXCLUDING STATE HOSP** 1 .00 4.46 .16

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,617 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

12,230 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			UNITS/DAYS PER ELIG	COST PE USER	R	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,044	190,338	\$	4,097,923.39	\$	21.53	15.563	\$ 509.4	4 \$	335.07
@PHYSICIANS SERVICES	1,912		; \$	219,072.77	\$	32.85	.545			
OUTPATIENT VISITS	928	1,357		50,219.91	•	37.01	.111	54.1		4.11
OFFICE VISITS	698	984		31,316.07		31.83	.080	44.8		2.56
HOME VISITS	13	16		646.60		40.41	.001	49.7		.05
EMERGENCY ROOM	8,044 1,912 928 698 13 191	279		15,153.78		54.31	.023	79.3		1.24
PREVENTIVE CARE	0	0		.00		.00	.000	.0		.00
OB VISITS/COMPRE PERI	9	10		902.37		90.24	.001	100.2		.07
OTHER OUTPATIENT	62	68		2,201.09		32.37	.006	35.5		.18
INPATIENT VISITS	90	610		31,067.11		50.93	.050	345.1		2.54
HOSPITAL VISITS	86	532		22,059.19		41.46	.043	256.5	n n	1.80
CRITICAL CARE	16	72		8,853.52		122.97	.006	553.3		.72
SNF/ICF/TRANS IP CARE	3	6		154.40		25.73	.000	51.4	7	.01
OPHTHALMOLOGICAL SERVICES	37	41		1,828.19		44.59	.003	49.4		.15
EXAMINATIONS	37	41		1,828.19		44.59	.003	49.4		.15
SERVICES AND MATERIALS	0	0		.00		.00	.000	.0		.00
INPATIENT HOSPITAL SURGERY	54	259		28,108.25		108.53	.021	520.5		2.30
DDINGIDAL CUDCEON	4.0	53		23,460.27		442.65	.004	586.5		1.92
ASSISTANT SURGEON	40	4		520.04		130.01	.000	130.0		.04
ANESTHESIOLOGIST	17	202		4,127.94		20.44	.017	242.8		.34
OUTPATIENT SURGERY	150	433		30,451.34		70.33	.035	242.0		2.49
PRINCIPAL SURGEON	105	191		24,774.05		129.71	.016	198.1		2.49
ACCICEANT CURCEON	125	0				.00	.000			.00
ASSISTANT SURGEON	0	242		.00		23.46		166.0		
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	34	238		5,677.29 6,871.69		28.87	.020	166.9		.46 .56
DIALYSIS	25						.019	274.8		
PATHOLOGY	88	164 464		2,494.08		15.21	.013	28.3		.20
RADIOLOGY	242			20,359.40		43.88	.038	84.1		1.66
PSYCHIATRY	0	0		.00		.00	.000	.0		.00
IMMUNIZATION AND INJECTION	34 843 6,014 5,961	413		9,066.01		21.95	.034	266.6		.74
OTHER SERVICES/ALL X-OVERS	843	2,690	_	38,606.79	_	14.35	.220	45.8		3.16
@PHARMACY	6,014		\$	1,979,883.32	\$	33.78	4.792			
PRESCRIPTION DRUGS	5,961	22,290		1,925,143.92		86.37	1.823	322.9		157.41
SNF/ICF	40	328		17,942.12		54.70	.027	448.5		1.47
OUTPATIENTS	5,928	21,962		1,907,201.80		86.84	1.796	321.7		155.94
MEDICAL SUPPLIES	541	36,319		54,739.40		1.51	2.970	101.1		4.48
@DENTIST	300	•	\$	59,481.25	\$	37.93	.128			
VISITS - DIAGNOSTIC	199	947		12,414.25		13.11	.077	62.3		1.02
ORAL SURGERY	44	120		7,547.00		62.89	.010	171.5		.62
DRUGS	7	7		145.00		20.71	.001	20.7		.01
ANESTHESIA	5	5		500.00		100.00	.000	100.0		.04
PERIODONTICS	22	24		3,692.00		153.83	.002	167.8		.30
ENDODONTICS	5,914 5,961 40 5,928 541 300 199 44 7 5 22 18	51		5,356.00		105.02	.004	297.5		.44
RESTORATIVE DENTISTRY	98	300		17,489.00		58.30	.025	178.4		1.43
PROSTHETICS	1	1		30.00		30.00	.000	30.0		.00
DENTURES, STAYPLATES	31	68		8,107.00		119.22	.006	261.5		.66
SPACE MAINTAINERS	1	1		120.00		120.00	.000	120.0		.01
MAXILLOFACIAL SERVICES	3	3		146.00		48.67	.000	48.6		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	. 0		.00
ORTHODONTIC SERVICES	15	33		3,860.00		116.97	.003	257.3		.32
ALL OTHER SERVICES	8	8		75.00		9.38	.001	9.3	8	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES	S M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2003 THRU D	EC 2003		PAGE 1,618
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERV	VICES FOR CASH GRAI	T	- TOTAL						
							MO			
12,230 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		R	COST PER
		OR DAYS OF CARE			PER		PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	172		\$	9,473.50	\$	21.38	.036	•		
DIAGNOSTIC AND ANC. PROCED	68	68		3,098.26		45.56	.006	45.5	6	.25

EVE ADDITANCES	100	2 - 1	F 630 76		16 07	0.20		46 22		10
EYE APPLIANCES	122	351	5,639.76		16.07	.029		46.23		. 46
OTHER OPTOMETRIC SERVICES	21	24	735.48		30.65	.002		35.02	_	.06
@CHIROPRACTOR	8	12 \$	172.50	\$	14.38	.001	Ş	21.56	Ş	.01
VISITS	4	5	83.60		16.72	.000		20.90		.01
OTHER SERVICES	4	7	88.90		12.70	.001		22.23		.01
@PODIATRIST	81	107 \$	1,317.85	\$	12.32	.009	\$	16.27	\$.11
MEDICINE/INJECTIONS	5	7	209.00	•	29.86	.001		41.80	•	.02
SURGERY/ANES.	6	6	166.27		27.71	.000		27.71		.01
	1	2	34.60		17.30	.000		34.60		.00
RADIO./PATHOLOGY	71									
OTHER		92	907.98	4.	9.87	.008	4.	12.79		.07
@HOME HEALTH AGENCY	55	1,959 \$	66,449.13	\$	33.92	.160	\$	1208.17	Ş	5.43
NURSE ANESTHESIST	27	198 \$	2,424.95	\$	12.25	.016	\$	89.81	\$.20
NURSE MIDWIFE	1	8 \$	332.64	\$	41.58	.001	\$	332.64	\$.03
PEDIATRIC NURSE PRACTITIONER	1	1 \$	208.49	\$	208.49	.000	\$	208.49	\$.02
FAMILY NURSE PRACTITIONER	0	0 \$.00	Ė	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,045	10,078 \$	949,929.61	Š	94.26	.824				77.67
HOSP INPATIENT TOTAL	156	731	753,997.92	1	031.46	.060	٧	4833.32	٧	61.65
HSC HOSPITALS	25	237	269,510.32		137.17	.019		10780.41		22.04
NON-HSC HOSPITAL TOTAL	74	257	434,936.03		692.36	.021		5877.51		35.56
ACCOMMODATIONS	74	257	108,296.17		421.39	.021		1463.46		8.85
ADMINISTRATIVE DAYS	3	13	2,783.49		214.11	.001		927.83		.23
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	72	244	105,512.68		432.43	.020		1465.45		8.63
ANCILLARIES	72	0	326,639.86		.00	.000		4536.66		26.71
INPATIENT CROSSOVERS	60	237	49,551.57		209.08	.019		825.86		4.05
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1 050	9,347	195,931.69		20.96	.764		100.07		16.02
MEDICAL	1,930	433			38.74					1.37
MEDICAL	2/8		16,774.58			.035		60.34		
SURGERY	108	113	5,030.46		44.52	.009		46.58		. 41
PATHOLOGY	736	2,408	26,424.73		10.97	.197		35.90		2.16
ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	418	660	31,523.99		47.76	.054		75.42		2.58
ROOM USE	807	1,129	47,706.29		42.26	.092		59.12		3.90
CROSSOVERS/ALL OTH OUTPTNT	1,156	4,604	68,471.64		14.87	.376		59.23		5.60
@COUNTY HOSPITAL TOTAL	5	26 \$	1,127.20	\$	43.35	.002	\$	225.44	\$.09
CO HOSPITAL INPATIENT TOTAL		18	879.32	•	48.85	.001		439.66	•	.07
HSC HOSPITALS	_ 1	0	39.32		.00	.000		39.32		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
	0	0								
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	18	840.00		46.67	.001		840.00		.07
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	8	247.88		30.99	.001		82.63		.02
MEDICAL	1	1	35.32		35.32	.000		35.32		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	_	0	.00		.00	.000		.00		.00
	()				. 0 0			.00		.00
ROOM USE	0				2/1/2	000		2/1/2		.00
	1	1	34.43		34.43	.000		34.43		0.1
CROSSOVERS/ALL OTH OUTPTNT	1 2	1 6	34.43 178.13	TDODE.	29.69	.000	DEG	89.07	ъ.	.01
#CALIF DEPT OF HEALTH SERV	1 2 MEDI-CAL SERVIC	1 6 ES AND EXPENDITURES	34.43 178.13	EPORT	29.69	.000	DEC	89.07	ΡZ	AGE 1,619
#CALIF DEPT OF HEALTH SERV MOP024	1 2 MEDI-CAL SERVIC FEE-FOR-SERVICE	1 6 ES AND EXPENDITURES /DENTAL	34.43 178.13 MONTH-OF-PAYMENT R	EPORT	29.69	.000	DEC	89.07	ΡŻ	
#CALIF DEPT OF HEALTH SERV	1 2 MEDI-CAL SERVIC FEE-FOR-SERVICE	1 6 ES AND EXPENDITURES	34.43 178.13 MONTH-OF-PAYMENT R	EPORT	29.69	.000 2003 THRU		89.07 2003		AGE 1,619 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	1 2 MEDI-CAL SERVIC FEE-FOR-SERVICE	1 6 ES AND EXPENDITURES /DENTAL	34.43 178.13 MONTH-OF-PAYMENT R	EPORT	29.69	.000		89.07 2003		AGE 1,619 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	1 2 MEDI-CAL SERVIC FEE-FOR-SERVICE	1 6 ES AND EXPENDITURES /DENTAL	34.43 178.13 MONTH-OF-PAYMENT R		29.69 FOR JAN	.000 2003 THRU	IONT	89.07 2003 HLY AVERA	GE -	AGE 1,619 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	1 2 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	1 6 ES AND EXPENDITURES /DENTAL ICES FOR CASH GRANT	34.43 178.13 MONTH-OF-PAYMENT R	AVER	29.69 FOR JAN AGE COST	.000 2003 THRU	IONT S	89.07 2003 HLY AVERA	GE -	AGE 1,619 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	1 2 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	1 6 ES AND EXPENDITURES /DENTAL ICES FOR CASH GRANT UNITS OF SERVICE	34.43 178.13 MONTH-OF-PAYMENT R	AVER	29.69 FOR JAN AGE COST	.000 2003 THRU M	IONT S	89.07 2003 HLY AVERA COST PER USER	GE - (AGE 1,619 01/29/04 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 12,230 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	1 2 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS 2,041	1 6 ES AND EXPENDITURES /DENTAL ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 10,052 \$	34.43 178.13 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES 948,802.41	AVER PER \$	29.69 FOR JAN AGE COST UNIT/DAY 94.39	.000 2003 THRU M UNITS/DAY PER ELIG .822	IONT S	89.07 2003 HLY AVERA COST PER USER 464.87	GE - (AGE 1,619 01/29/04 COST PER ELIGIBLE 77.58
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 12,230 ELIGIBLES	1 2 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	1 6 ES AND EXPENDITURES /DENTAL ICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE	34.43 178.13 MONTH-OF-PAYMENT R - TOTAL EXPENDITURES	AVER PER \$	29.69 FOR JAN AGE COST UNIT/DAY	.000 2003 THRU M UNITS/DAY PER ELIG	IONT S ;	89.07 2003 HLY AVERA COST PER USER	GE - (AGE 1,619 01/29/04 COST PER ELIGIBLE

NON-HSC HOSPITALS TOTAL	74	257		434,936.03		1692.36	.021		5877.51		35.56
ACCOMMODATIONS ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	74	257		108,296.17		421.39	.021		1463.46		8.85
ADMINISTRATIVE DAYS	3	13		2,783.49		214.11	.001		927.83		.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	72	244		105,512.68		432.43	.020		1465.45		8.63
ANCILLARIES	72	0		226 620 06		.00	.000		4536.66		26.71
INPATIENT CROSSOVERS	59	219		48,711.57		222.43	.018		825.62		3.98
ALL OTHER INDATIENT	0	_		.00		.00	.000		.00		.00
COMM HOSD OUTDATTENT TOTAL	1 956	0 9,339 432		.00 195,683.81 16,739.26		20.95	.764		100.04		16.00
MEDICAL	277	432		16 739 26		38.75	.035		60.43		1.37
SURGERY	100	113		5,030.46		44.52	.009		46.58		.41
	736 418 806	2,408		26,424.73		10.97	.197		35.90		2.16
PATHOLOGY	/30										
RADIOLOGY	418	660		31,523.99		47.76	.054		75.42		2.58 3.90
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	806	1,128		47,671.86		42.26	.092		59.15		
CROSSOVERS/ALL OTH OUTPINT	1,155	4,598	_	68,293.51		14.85	.376		59.13	_	5.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	31	844	\$	114,305.71	\$	135.43	.069	\$	3687.28	\$	9.35
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN	0	0 0 0 0 0 0 844 366		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	31	844		114,305.71		135.43	.069		3687.28		9.35
@INTERMEDIATE CARE FACILDD	13	366	\$	54,594.22	\$	149.16	.030	Ś	4199.56	Ś	4.46
TCF DDH	13	366	-	54,594.22	-	149.16	.030	т.	4199.56	т	4.46
ICE DD	0	0		.00		.00	.000		.00		.00
ICE DDN/DDCN	0	Ő		0.0		.00	.000		.00		.00
@HEMODIALVSIS TOTAL	88	2,114	\$.00 84,912.10	\$	40.17	.173	Ġ	964.91	Ś	6.94
UOCDITAL DACED	0	2,114	Y	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALVETE CENTER	00	2,114		84,912.10		40.17	.173		964.91		6.94
SDEILADII TEATION EAGII TEV	0	2,114	\$.00	\$.00	.000	\$.00	۲,	.00
WKEHABILITATION FACILITY	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HUSPITAL BASED	0	0		.00							
INDEPENDENT FACILITY	U 2.F.1	1,223	à	.00 18,873.68	4	.00	.000	4	.00	4	.00
@LABORATORY FACILITY	351		\$	18,8/3.68	\$	15.43	.100	Ş	53.77	Ş	1.54
PATHOLOGY	349	1,221		18,855.87		15.44	.100		54.03		1.54
@INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	2	2		17.81		8.91	.000		8.91		.00
@ORGANIZED OUTPATIENT CLINIC	2,146	3,507	\$	281,574.77	\$	80.29	.287	\$	131.21	\$	23.02
CLINIC	47	114		6,624.03		58.11	.009		140.94		.54
SURGICENTER	27	101		5,113.48		50.63	.008		189.39		.42
HEROIN DETOX CLINIC	47 27 1 2,093	20		231.69		11.58	.002		231.69		.02
RURAL HEALTH CLINIC	2,093	3,272		269,605.57		82.40	.268		128.81		22.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES N	MONTH-OF-PAYMENT R	EPOR'	r for jan :	2003 THRU	DEC	2003	P.	AGE 1,620
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
MOPUZ4 COLUSA COUNTY	SUMMARY OF SERV	VICES FOR CASH G	RANT	- TOTAL							
							M	ONT	HLY AVERA	GE.	
12,230 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
•		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1.227	102,632	_ \$	254,916.90		2.48	8.392		207.76		20.84
DURABLE MED. EQUIP.	104	241	~	47,205.12	~	195.87	.020	Τ.	453.90	~	3.86
BLOOD BANK	1,227 104 0	0		.00		.00	.000		.00		.00

					1101		.01
12,230 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,227	102,632 \$	254,916.90	\$ 2.48	8.392 \$	207.76	\$ 20.84
DURABLE MED. EQUIP.	104	241	47,205.12	195.87	.020	453.90	3.86
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	40	6,021.66	150.54	.003	273.71	.49
MEDICAL TRANSPORTATION	205	22,107	99,226.83	4.49	1.808	484.03	8.11
AMBULANCES/AIR TRANS	115	1,635	22,250.87	13.61	.134	193.49	1.82
OTHER TRANS	67	19,521	51,991.11	2.66	1.596	775.99	4.25
OTHER SERVICES	44	951	24,984.85	26.27	.078	567.84	2.04
ACUPUNCTURE	2	8	129.76	16.22	.001	64.88	.01
ADULT DAY HEALTH CARE CTR	0	0	20.30	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.000	105.00	.02

IHMC, MODEL-NF, NF, AIDS, MSSP	6	18	2,353.25	130.74	.001	392.21	.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	175	385	4,649.43	12.08	.031	26.57	.38
PHYSICAL THERAPIST	2	6	92.82	15.47	.000	46.41	.01
PORTABLE X-RAY	2	6	4.69	.78	.000	2.35	.00
PROSTHETIST/ORTHOTISTS	12	50	4,886.45	97.73	.004	407.20	.40
PROSTHETICS	10	18	807.16	44.84	.001	80.72	.07
ORTHOTICS	2	32	4,079.29	127.48	.003	2039.65	.33
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	112	4,830.72	43.13	.009	166.58	.39
HOSPICE SERVICES	1	4	432.16	108.04	.000	432.16	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	213	15,401	44,115.03	2.86	1.259	207.11	3.61
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

64,252 539 40,738.68 5.254 75.58 3.33 ALL OTHER PROVIDERS .63 @CALIF. CHILDREN SERVICES* 93 765 104,253.56 \$ 136.28 .063 \$ 1121.01 \$ 8.52 @XOVER EXCLUDING STATE HOSP** 1,568 15,504 \$ 198,010.80 \$ 12.77 1.268 \$ 126.28 \$ 16.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,621 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

COLUSA COUNTY	CIMMARY OF CERT	VICES FOR 185% PROGRAM	TMEANTC	AID CODES 47	60		01/25/01
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 165% PROGRAM	- INFANIS	AID CODES 47			CE.
0.41 FI TOTPI FG	HGERG	IDITED OF SERVICE		ALTERACE COCE	MON		
841 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	580	2,128 \$	99,805.92	\$ 46.90	2.530 \$	172.08	\$ 118.68
@PHYSICIANS SERVICES	242	476 \$	16,699.16	\$ 35.08	.566 \$		
OUTPATIENT VISITS	209	323	9,490.38	29.38	.384	45.41	11.28
OFFICE VISITS	189	287	7,915.97	27.58	.341	41.88	9.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	25	30	1,396.09	46.54	.036	55.84	1.66
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	6	178.32	29.72	.007	29.72	.21
INPATIENT VISITS	11	27	1,708.56	63.28	.032	155.32	2.03
HOSPITAL VISITS	11	24	1,002.92	41.79	.029	91.17	1.19
CRITICAL CARE	2	3	705.64	235.21	.004	352.82	.84
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	2	99.31	49.66	.002	49.66	.12
	2	2	99.31	49.66	.002	49.66	.12
EXAMINATIONS	0	0	.00				
SERVICES AND MATERIALS	0			.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	22	1,433.59	65.16	.026	477.86	1.70
PRINCIPAL SURGEON	2	2	905.81	452.91	.002	452.91	1.08
ASSISTANT SURGEON	1	1	84.51	84.51	.001	84.51	.10
ANESTHESIOLOGIST	2	19	443.27	23.33	.023	221.64	.53
OUTPATIENT SURGERY	8	37	1,641.64	44.37	.044	205.21	1.95
PRINCIPAL SURGEON	5	5	876.96	175.39	.006	175.39	1.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	32	764.68	23.90	.038	191.17	.91
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	16	182.41	11.40	.019	11.40	.22
RADIOLOGY	14	19	805.21	42.38	.023	57.52	.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	20.12	20.12	.001	20.12	.02
OTHER SERVICES/ALL X-OVERS	16	29	1,317.94	45.45	.034	82.37	1.57
@PHARMACY	346	701 \$	24,793.91	\$ 35.37	.834 \$		
PRESCRIPTION DRUGS	340	669	24,204.19	36.18	.795	71.19	28.78
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	340	669	24,204.19	36.18	.795	71.19	28.78
MEDICAL SUPPLIES	20	32	589.72	18.43	.038	29.49	.70
@DENTIST	0	0 \$.00	\$.00	.000 \$		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000		
ORAL SURGERY	0	0		.00		.00	.00
DRUGS	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ROOM USE

ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00

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.00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,622

FEE-FOR-SERVICE/DENTAL MOP024

01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69 ----- MONTHLY AVERAGE -----841 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST Ω 0 .00 . 00 .000 \$.00 \$. 00 .00 DIAGNOSTIC AND ANC. PROCED Ω Ω .00 .00 .000 .00 .00 .00 Ω .00 .000 EYE APPLIANCES . 00 .00 OTHER OPTOMETRIC SERVICES 0 .00 0 0 .00 S .00 @CHIROPRACTOR 0 .00 VISITS Ω .00 0 .00 .00 OTHER SERVICES @PODIATRIST .00 \$.00 MEDICINE/INJECTIONS .00 .00 0 0 0 0 . 00 SURGERY/ANES. n RADIO./PATHOLOGY .00 0 OTHER .00 25 .030 \$ 178.20 \$ 2.12 @HOME HEALTH AGENCY 0 0 .00 \$.00 NURSE ANESTHESIST Ω .00 \$ NURSE MIDWIFE . 00 PEDIATRIC NURSE PRACTITIONER 0 0 .00 \$.00 .00 \$ FAMILY NURSE PRACTITIONER .00 .572 \$ 278.74 \$ @TOTAL HOSPITAL 40.77 8 HOSP INPATIENT TOTAL 28.85 19.63 HSC HOSPITALS NON-HSC HOSPITAL TOTAL 9.23 ACCOMMODATIONS 2.44 ADMINISTRATIVE DAYS . 00 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM 2.44 6.79 ANCTILIARTES 0 INPATIENT CROSSOVERS .00 .00 .00 10,020.07 ALL OTHER INPATIENT .00 121 HOSP OUTPATIENT TOTAL 11.91 MEDICAL 1.32 SURGERY .23 PATHOLOGY 2.03 RADIOLOGY 1.78 ROOM USE 5.19 CROSSOVERS/ALL OTH OUTPINT 17.03 1.36 @COUNTY HOSPITAL TOTAL .00 \$.00 0 0 CO HOSPITAL INPATIENT TOTAL .00 .00 HSC HOSPITALS .00 .00 .00 .000 . 00 NON-HSC HOSPITALS TOTAL .000 .00 ACCOMMODATIONS .00 .00 .00 .00 .00 Ω .00 .000 .00 ADMINISTRATIVE DAYS .000 0 .00 .00 .00 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 CO HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICAL .00 SURGERY .00 .00 .000 .00 .00 .00 .000 .00 PATHOLOGY .00 0 .00 . 00 . 000 . 00 RADTOLOGY . 00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,623 MOP024 FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM	- INFANTS	AID	CODES 47					
									HLY AVERA	GE	
841 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER	RAGE COST	UNITS/DAY	ZS.	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	123 8	481	\$	34,285.26	\$	71.28	.572	\$	278.74	\$	40.77
COMM HOSP INPATIENT TOTAL	8	26	•	24,265.19	•	933.28	.031		3033.15	•	28.85
HCC HCCDITALC	E	20		16,506.00		825.30	.024		3301.20		19.63
NON-HSC HOSPITALS TOTAL	3 3 0 0 3 3	6		7,759.19		293.20	.007		2586.40		9.23
AGGOMMODATIONG		6									2.44
ACCOMMODATIONS	3			2,051.27		341.88	.007		683.76		
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	6		2,051.27		341.88	.007		683.76		2.44
ANCILLARIES		0		5,707.92		.00	.000		1902.64		6.79
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	121	455		10,020.07		22.02	.541		82.81		11.91
MEDICAL	21	31		1,107.10		35.71	.037		52.72		1.32
SURGERY	3	3		193.75		64.58	.004		64.58		.23
PATHOLOGY	76	173		1,710.44		9.89	.206		22.51		2.03
	28	48				31.23	.057		53.54		1.78
RADIOLOGY	90			1,499.06							
ROOM USE		113		4,368.96		38.66	.134		48.54		5.19
CROSSOVERS/ALL OTH OUTPTNT		87		1,140.76		13.11	.103		17.03		1.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	-	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0										
LEV B-REGULAR		0	4	.00	4	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	Ő	Υ.	.00	٧	.00	.000	٧	.00	Υ	.00
INDEPENDENT FACILITY	0	Õ		.00		.00	.000		.00		.00
	14	39	\$	343.96	\$	8.82	.046	Ġ	24.57	۲.	.41
@LABORATORY FACILITY	14		Ş		Ą			Ą		Ą	
PATHOLOGY		39		343.96		8.82	.046		24.57		.41
XO AND OTHERS	0	0		.00	4.	.00	.000		.00	4.	.00
@ORGANIZED OUTPATIENT CLINIC	144	237	\$	17,554.67	\$	74.07	.282	\$	121.91	\$	20.87
CLINIC	1	1		32.62		32.62	.001		32.62		.04
SURGICENTER	1	7		246.21		35.17	.008		246.21		.29
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0 143	229		17,275.84		75.44	.272		120.81		20.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MON		EPORT			DEC		F	AGE 1,624
MOP024	FEE-FOR-SERVICE		ICED IIOI	VIII 01 11111111111 101		1011 0111 2	1003 111110		2005	_	01/29/04
COLUSA COUNTY		ICES FOR 185% P	DOCDAM	_ TNEANTC	ΛTD	CODES 47	60				01/2//01
COLUDA COUNTI	DUMMARI OF SERV	TCT2 LOV 1034 B	MAXDOM	- TINL WINT 2	AID	CODES 4/		יידאר רו	יים מונוג עדעי	СE	
0/1 FITATRIES	HOEDO	IMITE OF CERTIF	T.	EADENDIMIDEO	7/ 17 77 77				HLY AVERA	LGE	
841 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CAR		4 246 22			PER ELIC		USER	_	ELIGIBLE
@ALL OTHER PROVIDERS	14	169	\$	4,346.92	\$	25.72	.201	Ş	310.49	Ş	5.17

DURABLE MED. EQUIP.	5	5		497.95	99.59	.006	99.59	.59	
BLOOD BANK	0	0		.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	7	159		3,723.00	23.42	.189	531.86	4.43	
AMBULANCES/AIR TRANS	7	158		1,923.00	12.17	.188	274.71	2.29	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	1	1		1,800.00	1800.00	.001	1800.00	2.14	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	0	0		.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	4		75.97	18.99	.005	75.97	.09	
SPEECH AND AUDIOLOGY	1	1		50.00	50.00	.001	50.00	.06	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	16	49	\$	10,258.93	\$ 209.37	.058	\$ 641.18	\$ 12.20	
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARATE	TNFORMATION	TTEM ONLY	•					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,625
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

COLUBA COUNTI	SUMMANT OF SER	VICES FOR 103% FROGRAM	- FILEGUANI A.	TD CONTO 44 40	コン		
					MON	THLY AVERA	GE
1,222 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	699	3,583 \$	441,133.26	\$ 123.12	2.932 \$	631.09	\$ 360.99
@PHYSICIANS SERVICES	311	857 \$	79,574.01	\$ 92.85	.701 \$	255.86	\$ 65.12
OUTPATIENT VISITS	116	156	10,076.31	64.59	.128	86.86	8.25
OFFICE VISITS	50	56	2,040.74	36.44	.046	40.81	1.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	12	701.45	58.45	.010	77.94	.57
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	64	88	7,334.12	83.34	.072	114.60	6.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	62	169	6,532.25	38.65	.138	105.36	5.35
HOSPITAL VISITS	62	169	6,518.41	38.57	.138	105.14	5.33
CRITICAL CARE	0	0	13.84	.00	.000	.00	.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	123	55,926.03	454.68	.101	822.44	45.77
PRINCIPAL SURGEON	53	55	50,993.48	927.15	.045	962.14	41.73
ASSISTANT SURGEON	17	17	3,016.86	177.46	.014	177.46	2.47
ANESTHESIOLOGIST	11	51	1,915.69	37.56	.042	174.15	1.57
OUTPATIENT SURGERY	53	109	2,460.84	22.58	.089	46.43	2.01
PRINCIPAL SURGEON	51	102	2,250.70	22.07	.083	44.13	1.84

ASSISTANT SURGEON	Λ	0	.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	7	210.14	-	0.02	.006	1.0	5.07	.17
	4	/		-			Τ.(
DIALYSIS	0	0	.00		.00	.000		.00	.00
PATHOLOGY	128	211	1,599.80		7.58	.173	1	2.50	1.31
RADIOLOGY	40	44	1,919.81	4	3.63	.036	4	00.8	1.57
PSYCHIATRY	0	0	.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	6	8	332.26	4	1.53	.007	5	5.38	.27
OTHER SERVICES/ALL X-OVERS	22	37	726.71	1	9.64	.030	3	3.03	.59
@PHARMACY	240	477	\$ 9,830.96	\$ 2	0.61	.390	\$ 4	0.96	\$ 8.04
PRESCRIPTION DRUGS	235	448	8,305.45	1	8.54	.367	3	5.34	6.80
SNF/ICF	0	0	.00		.00	.000		.00	.00
OUTPATIENTS	235	448	8,305.45	1	8.54	.367	3	5.34	6.80
MEDICAL SUPPLIES	14	29	1,525.51	5	2.60	.024	10	8.97	1.25
@DENTIST	2	6	\$ 74.00	\$ 1	2.33	.005	\$ 3	7.00	\$.06
VISITS - DIAGNOSTIC	2	6	74.00	1	2.33	.005	3	7.00	.06
ORAL SURGERY	0	0	.00		.00	.000		.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0						
ENDODONTICS	Ü	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
•	0	0					
SPACE MAINTAINERS	Ü	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	Û	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 1,626
MOP024	FEE-FOR-SERVICE	:/DENTAL					01/29/04
COLUSA COUNTY		ICES FOR 185% PROGRAM	- DREGNANT ATI	D CODES 44 48	49		
COLOBII COUNTI	BOTHLING OF BLICK	TODO TOR TOO TROORIN	I KEIGIVIIVI 1111	B COBED II 10		ממתות אווו	ur.
					MONT		
1,222 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0	.00	.00	.000	.00	.00
DIAGNOSTIC AND ANC. PROCED	U						
EYE APPLIANCES	Ü	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	Ō	0	.00	.00	.000	.00	.00
	0	_					
OTHER SERVICES	Ü	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	Û	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0						
OTHER	Ü	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	54	77 \$	4,451.54	\$ 57.81	.063 \$	82.44	\$ 3.64
NURSE ANESTHESIST	14	65 \$	1,609.66	\$ 24.76	.053 \$	114.98	\$ 1.32
NURSE MIDWIFE	1	1 \$	1,088.56	\$ 1088.56	.001 \$		\$.89
		0 \$					
PEDIATRIC NURSE PRACTITIONER		- 1	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	326	1,314 \$	322,382.59	\$ 245.34	1.075 \$	988.90	\$ 263.82
HOSP INPATIENT TOTAL	61	262	288,726.46	1102.01	.214	4733.22	236.27
HSC HOSPITALS	3	16	19,558.03	1222.38	.013	6519.34	16.00
NON-HSC HOSPITAL TOTAL	58	246	269,168.43	1094.18	.201	4640.84	220.27
ACCOMMODATIONS	58	246	73,894.14	300.38	.201	1274.04	60.47
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	246	73,894.14	300.38	.201	1274.04	60.47
ANCILLARIES	58	0	195,274.29	.00	.000	3366.80	159.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	304	1,052	33,656.13	31.99	.861	110.71	27.54
	4	7,052	374.18	53.45	.006	93.55	.31
MEDICAL	4	7					
SURGERY	4	7	159.40	22.77	.006	39.85	.13
PATHOLOGY	176	456	5,388.69	11.82	.373	30.62	4.41
RADIOLOGY	135	163	11,976.89	73.48	.133	88.72	9.80
ROOM USE	95	176	10,753.76	61.10	.144	113.20	8.80
CROSSOVERS/ALL OTH OUTPTNT		243	5,003.21	20.59	.199	54.98	4.09
@COUNTY HOSPITAL TOTAL	1	1 \$	35.91	\$ 35.91	.001 \$	35.91	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0				.00	.00
	Ü	· ·	.00	.00	.000		
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
· · · · · · · · · · · · · · · · · · ·	-	-					

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	1	1									.03
CO HOSP OUTPATIENT TOTAL	<u> </u>	1		35.91		35.91	.001		35.91		
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		35.91		35.91	.001		35.91		.03
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
		O THE THE THE	IDEC MON					חחמ		D.7	
		CES AND EXPENDITU	RES MON	I.I.H-OL-PAIMENI.	REPOR	T FOR JAN A	2003 THRU	DEC	2003	PP	AGE 1,627
MOP024	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY	SUMMARY OF SERV	/ICES FOR 185% P	ROGRAM	- PREGNANT	AID C	ODES 44 48					
							M	ONTE	HLY AVERA	GE -	
1,222 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S (COST PER	C	COST PER
•		OR DAYS OF CAR				R UNIT/DAY			USER	ਜ ਜ	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	325	1 010	\$	322,346.68	\$		1.074		991.84		
COMMUNITY HOSPITAL TOTAL	323	1,313	Ą					Ą		Ą	
COMM HOSP INPATIENT TOTAL	91	262		288,726.46		1102.01	.214		4733.22		236.27
HSC HOSPITALS	3	16		19,558.03		1222.38	.013		6519.34		16.00
NON-HSC HOSPITALS TOTAL	58	246		269,168.43		1094.18	.201		4640.84		220.27
ACCOMMODATIONS	58	246		73,894.14		300.38	.201		1274.04		60.47
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	F 0	246		73,894.14		300.38	.201		1274.04		60.47
ALL OTHER ACCOM	58	240		- /							
ANCILLARIES	58	0		195,274.29		.00	.000		3366.80		159.80
INPATIENT CROSSOVERS	0	1,313 262 16 246 246 0 0 246 0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	303	1,051		33,620.22		31.99	.860		110.96		27.51
MEDICAL	4	7		374.18		53.45	.006		93.55		.31
COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	4	7		159.40		22.77	.006		39.85		.13
DATHOLOGY	176	456		5,388.69		11.82	.373		30.62		4.41
DADIOLOGY	125			11,976.89		73.48	.133		88.72		9.80
RADIOLOGI ROOM HOR	135	163 175									
ROOM USE	94			10,717.85		61.24	.143		114.02		8.77
CROSSOVERS/ALL OTH OUTPTNT		243		5,003.21		20.59	.199		54.98		4.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00		.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	٧	.00		.00	.000	~	.00	٧	.00
	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0									
LEV B-SUBACUTE FREESTANDING	Ü	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00		.00	.000	•	.00	•	.00
ICF DD	Ô	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	Ő		.00		.00	.000		.00		.00
	•	•	4								
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	-	.00	•	.00	.000		.00	-	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	159	434	\$	7,224.86	\$	16.65	.355	Ġ	45.44	\$	5.91
			Ą		Ą			\$		Ą	
PATHOLOGY	159	434		7,224.86		16.65	.355		45.44		5.91
XO AND OTHERS	0	0	4.	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	60	116	\$	7,363.09	\$	63.47	.095	\$	122.72	\$	6.03
CLINIC	10	43		1,284.58		29.87	.035		128.46		1.05

 SURGICENTER
 0
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 HEROIN DETOX CLINIC
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 RURAL HEALTH CLINIC
 50
 73
 6,078.51
 83.27
 .060
 121.57
 4.97
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,628 01/29/04 MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49 ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ISEP FICTIFIE 1,222 ELIGIBLES USERS ## OF COLUMN TREATHS |

 OR DAYS OF CARE
 PER UNIT/DAY PER ELIG
 USER
 ELIGIBLE

 236
 \$ 7,533.99
 \$ 31.92
 .193
 \$ 167.42
 \$ 6.17

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,629 MOP024 FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76 01/29/04

MONIBULL ALTERNACE

						MO	NTHLY AVERA	GE
03 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12	57	\$	431.86	\$ 7.58	19.000	\$ 35.99	\$ 143.95
@PHYSICIANS SERVICES	7	12	\$	196.20	\$ 16.35	4.000	\$ 28.03	\$ 65.40
OUTPATIENT VISITS	2	4		170.04	42.51	1.333	85.02	56.68
OFFICE VISITS	2	2		49.08	24.54	.667	24.54	16.36
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	2		120.96	60.48	.667	120.96	40.32
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	U	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	8		26.16		3.27	2.667		4.36		8.72
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	36	\$	13.31	\$.37		\$	13.31	\$	4.44
PRESCRIPTION DRUGS	0	0	Υ	.00	Ψ.	.00	.000	Ψ.	.00	~	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
	1	36		13.31		.37	12.000		13.31		
MEDICAL SUPPLIES	1		4		4			4		4	4.44
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	•	ES AND EXPENDITUR	rc Ma		דים∩חים			חבר		т	PAGE 1,630
	FEE-FOR-SERVICE		LO MC	JNIII-OF-PAIMENT KI	EFORT	. POR UAN	2003 IIIKU	טייכ	2003	-	01/29/04
			рост	DADTIM DDOCDAM		ATD CODE	76				01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 60-DAY	PUSI	PARIUM PROGRAM		AID CODE		ONTED:		αп	
02 81 1618186	Hanna	IBITES OF SERVICE			7. 7. 7. 7.	D 7 G D G G G G	M			GE	
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
	0	OR DAYS OF CARE		0.0			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	Ō	0		.00		.00	.000		.00		.00
OTHER	n	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	n	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00	Ś	.00	.000	\$.00	Š	.00
NURSE MIDWIFE	0	0	\$.00	4	.00	.000	ç	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	۶ \$.00	<u>ن</u> ب	.00	.000	۶ \$.00	ڄ ک	.00
FEDIAIRIC NURSE PRACILITUNER	U	U	Ą	.00	Ą	.00	.000	ې	.00	Ą	.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	Ō		Ο		.00		.00	.000		.00		.00
	0		0									
ROOM USE	0				.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ü		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ô		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	0		0									
ADMINISTRATIVE DAYS	Ü		Ü		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ô		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
	0		0									
MEDICAL	U		U		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ö		Ö		.00		.00	.000		.00		.00
		יכ אאור פער		ic Mc	NTH-OF-PAYMENT RE	חסחיי			חהכ		DΛ	GE 1,631
#CALIF DEPT OF HEALTH SERV			ENDIIOKE	is MC	MIH-OF-PAIMENI RE	PORI	FOR UAN	2003 IRKU	שט	. 2003	PA	
MOP024	FEE-FOR-SERVICE,						~					01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	60-DAY P	POST	PARTUM PROGRAM		AID CODE					
								M	ONT	HLY AVERA	GE -	
03 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	С	OST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0			\$.00	\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0		Ö	Υ	.00	٧	.00	.000	٧	.00	٧	.00
	0		0									
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ô		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
	0		0									
ALL OTHER INPATIENT	U		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		Ô		.00		.00	.000		.00		.00
	0		0					.000				
CROSSOVERS/ALL OTH OUTPTNT	0		0	4	.00		.00			.00		.00
@STATE HOSPITAL	Ü		Ü	Ş	.00	Ş	.00		\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	•	.00	•	.00	.000	•	.00	·	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
	0		-									
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ü		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	Ō		0		.00		.00	.000		.00	•	.00
ICF DD	0		Ő		.00		.00	.000		.00		.00
	0		0									
ICF DDN/DDCN	-			ė.	.00	ب.	.00	.000	Ċ.	.00	بي	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00

HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	•	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6		7	\$	159.56	\$	22.79	2.333	\$	26.59	\$	53.19
PATHOLOGY	6		7	•	159.56		22.79	2.333	•	26.59	•	53.19
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		2	\$	62.79	\$	31.40	.667	\$	62.79	\$	20.93
CLINIC	1		2	•	62.79	·	31.40	.667	•	62.79	•	20.93
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENI	DITUR	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN		DEC		P	AGE 1,632
MOP024	FEE-FOR-SERVICE			-								01/29/04
COLUSA COUNTY			-DAY	POST	PARTUM PROGRAM		AID CODE	76				
								M	ONTI	HLY AVERA	GE	
03 ELIGIBLES	USERS	UNITS OF SEE	RVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	-	COST PER	_	COST PER
	3.2.2.3.3	OR DAYS OF					UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	011 21112 01	0	\$.00	\$.00	.000		.00	\$.00
DURABLE MED. EQUIP.	0		0	τ	.00	τ	.00	.000	Υ	.00	Υ	.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
ORTHOTICS	0		0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0		0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0		0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0		0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0		0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	n		0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0		0	Ś	.00	Ś	.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	Š	.00	\$.00	.000	\$.00	\$.00
CILCULATION DITTED HODI				~		~			~	. 50	~	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,633 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

						MON	ITHLY AVERA	GE.	
2,066 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,291	5,768	\$ 541,371.04	\$	93.86	2.792 \$	419.34	\$	262.04
@PHYSICIANS SERVICES	560	1,345	\$ 96,469.37	\$	71.72	.651 \$	172.27	\$	46.69

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	327	483	19,736.73	40.86	.234	60.36	9.55
OFFICE VISITS	241	345	10,005.79	29.00	.167	41.52	4.84
HOME VISITS	0	0	.00	.00	.000	.00	.00
	34	42	2,097.54	49.94	.020	61.69	1.02
EMERGENCY ROOM							
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	65	90	7,455.08	82.83	.044	114.69	3.61
OTHER OUTPATIENT	6	6	178.32	29.72	.003	29.72	.09
INPATIENT VISITS	73	196	8,240.81	42.04	.095	112.89	3.99
HOSPITAL VISITS	73	193	7,521.33	38.97	.093	103.03	3.64
CRITICAL CARE	2	3	719.48	239.83	.001	359.74	.35
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	99.31	49.66	.001	49.66	.05
EXAMINATIONS	2	2	99.31	49.66	.001	49.66	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	71	145	57,359.62	395.58	.070	807.88	27.76
PRINCIPAL SURGEON	55	57	51,899.29	910.51	.028	943.62	25.12
	18	18					
ASSISTANT SURGEON			3,101.37	172.30	.009	172.30	1.50
ANESTHESIOLOGIST	13	70	2,358.96	33.70	.034	181.46	1.14
OUTPATIENT SURGERY	61	146	4,102.48	28.10	.071	67.25	1.99
PRINCIPAL SURGEON	56	107	3,127.66	29.23	.052	55.85	1.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	39	974.82	25.00	.019	162.47	.47
	0	0	.00	.00	.000	.00	.00
DIALYSIS	-						
PATHOLOGY	150	235	1,808.37	7.70	.114	12.06	.88
RADIOLOGY	54	63	2,725.02	43.25	.030	50.46	1.32
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	9	352.38	39.15	.004	50.34	.17
OTHER SERVICES/ALL X-OVERS	38	66	2,044.65	30.98	.032	53.81	.99
@PHARMACY	587	1,214 \$	34,638.18	\$ 28.53	.588 \$	59.01	
	575		32,509.64	29.10	•	56.54	15.74
PRESCRIPTION DRUGS		1,117	· ·		.541		
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	575	1,117	32,509.64	29.10	.541	56.54	15.74
MEDICAL SUPPLIES	35	97	2,128.54	21.94	.047	60.82	1.03
@DENTIST	2	6 \$	74.00	\$ 12.33	.003 \$	37.00	\$.04
VISITS - DIAGNOSTIC	2	6	74.00	12.33	.003	37.00	.04
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
DRUGS	0	U	.00	.00	.000	.00	.00
ANESTHESIA	0	Ü	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
,	0	0					
SPACE MAINTAINERS	0	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	Ü	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS		^	.00	\cap	.000	.00	.00
	0	U	.00	.00			
ORTHODONTIC SERVICES	0	0	.00	.00		.00	.00
ORTHODONTIC SERVICES	-	0	.00	.00	.000		
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVIC	ES AND EXPENDITURES	.00	.00	.000	.00	.00 PAGE 1,634
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES / DENTAL	.00 .00 MONTH-OF-PAYMENT RI	.00 .00 EPORT FOR JAN 2	.000 .000 2003 THRU DEC	.00	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES	.00 .00 MONTH-OF-PAYMENT RI	.00 .00 EPORT FOR JAN 2	.000 .000 2003 THRU DEC	.00	.00 PAGE 1,634 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6	.00 .00 MONTH-OF-PAYMENT RI	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49	.000 .000 2003 THRU DEC 9 69 76	.00 2003 HLY AVERAG	.00 PAGE 1,634 01/29/04 GE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 0 MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6	.00 .00 MONTH-OF-PAYMENT RI	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST	.000 .000 2003 THRU DEC 9 69 76 MONTI UNITS/DAYS	.00 2003 HLY AVERAC	.00 PAGE 1,634 01/29/04
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6	.00 .00 MONTH-OF-PAYMENT RI	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49	.000 .000 2003 THRU DEC 9 69 76 MONTI UNITS/DAYS	.00 2003 HLY AVERAG	.00 PAGE 1,634 01/29/04 GE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6	.00 .00 MONTH-OF-PAYMENT RI	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST	.000 .000 2003 THRU DEC 9 69 76 MONTI UNITS/DAYS	.00 2003 HLY AVERAC	.00 PAGE 1,634 01/29/04 GE COST PER ELIGIBLE
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 2,066 ELIGIBLES @OPTOMETRIST	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6 UNITS OF SERVICE OR DAYS OF CARE	.00 .00 MONTH-OF-PAYMENT RI 50-DAY PP TOTAL, COI EXPENDITURES .00	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00	.000 .000 2003 THRU DEC 9 69 76 MONT! UNITS/DAYS PER ELIG .000 \$.00 2003 HLY AVERAGE COST PER USER .00	.00 PAGE 1,634 01/29/04 GE COST PER ELIGIBLE \$.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 2,066 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6 UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 MONTH-OF-PAYMENT RI 50-DAY PP TOTAL, COI EXPENDITURES .00 .00	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 2003 THRU DEC 0 69 76 MONTI UNITS/DAYS PER ELIG .000 \$.00 2003 HLY AVERAGE COST PER USER .00 .00	.00 PAGE 1,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 2,066 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6 UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 .00 MONTH-OF-PAYMENT RI 50-DAY PP TOTAL, COI EXPENDITURES .00 .00	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 2003 THRU DEC 0 69 76 MONTI UNITS/DAYS PER ELIG .000 \$.000 .000	.00 2003 HLY AVERAC COST PER USER .00 .00	.00 PAGE 1,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 2,066 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6 UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 MONTH-OF-PAYMENT RI 50-DAY PP TOTAL, COI EXPENDITURES .00 .00 .00	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 .000 2003 THRU DEC 0 69 76 MONTI UNITS/DAYS PER ELIG .000 \$.000 .000	.00 2003 HLY AVERAC COST PER USER .00 .00 .00	.00 PAGE 1,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 2,066 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6 UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 MONTH-OF-PAYMENT RI 50-DAY PP TOTAL, COI EXPENDITURES .00 .00 .00	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 .000 2003 THRU DEC 0 69 76 MONTI UNITS/DAYS 0 PER ELIG .000 \$.000 .000	.00 2003 HLY AVERAGEOST PER USER .00 .00 .00	.00 PAGE 1,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 \$.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 2,066 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR 185% AND 6 UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 .00 MONTH-OF-PAYMENT RI 50-DAY PP TOTAL, COI EXPENDITURES .00 .00 .00	.00 .00 EPORT FOR JAN 2 DES 44 47 48 49 AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 .000 2003 THRU DEC 0 69 76 MONTI UNITS/DAYS PER ELIG .000 \$.000 .000	.00 2003 HLY AVERAC COST PER USER .00 .00 .00	.00 PAGE 1,634 01/29/04 GE COST PER ELIGIBLE \$.00 .00 .00 .00

OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
	•	•								
@HOME HEALTH AGENCY	64	102 \$	6,233.58	\$	61.11	.049	\$	97.40	\$	3.02
NURSE ANESTHESIST	14	65 \$	1,609.66	\$	24.76	.031	\$	114.98	\$.78
NURSE MIDWIFE	1	1 \$	1,088.56	\$	1088.56	.000	\$	1088.56	\$.53
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	449	1,795 \$	356,667.85	\$	198.70		Š	794.36	Ś	172.64
HOSP INPATIENT TOTAL	69	288	312,991.65		1086.78	.139	Y	4536.11	Ÿ	151.50
HSC HOSPITALS	8	36	36,064.03		1001.78	.017		4508.00		17.46
NON-HSC HOSPITAL TOTAL	61	252	276,927.62		1098.92	.122		4539.80		134.04
ACCOMMODATIONS	61	252	75,945.41		301.37	.122		1245.01		36.76
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	61	252	75,945.41		301.37	.122		1245.01		36.76
ANCILLARIES	61	0	200,982.21		.00	.000		3294.79		97.28
	0	0	.00			.000		.00		.00
INPATIENT CROSSOVERS	7				.00					
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	425	1,507	43,676.20		28.98	.729		102.77		21.14
MEDICAL	25	38	1,481.28		38.98	.018		59.25		.72
SURGERY	7	10	353.15		35.32	.005		50.45		.17
PATHOLOGY	252	629	7,099.13		11.29	.304		28.17		3.44
RADIOLOGY	163	211	13,475.95		63.87	.102		82.67		6.52
ROOM USE	185	289	15,122.72		52.33	.140		81.74		7.32
		330			18.62	.160		38.89		2.97
CROSSOVERS/ALL OTH OUTPTNT			6,143.97							
@COUNTY HOSPITAL TOTAL	1	1 \$	35.91	\$	35.91	.000	\$	35.91	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
	0	0								
ANCILLARIES	U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1	35.91		35.91	.000		35.91		.02
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	ĺ	1	35.91		35.91	.000		35.91		.02
		0	.00		.00	.000				.00
CROSSOVERS/ALL OTH OUTPTNT							550	.00	-	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPOR.	I FOR JAN	2003 THRU	DEC	2003	PA	GE 1,635
MOP024	FEE-FOR-SERVICE									01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 185% AND	60-DAY PP TOTAL, CO	DES 4	44 47 48 4	19 69 76				
						M			GE -	
2,066 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	C	OST PER
·		OR DAYS OF CARE				PER ELIG		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	448	1,794 \$	356,631.94		198.79	.868		796.05		172.62
COMM HOSP INPATIENT TOTAL	69	288	312,991.65		1086.78	.139	Y	4536.11	٧	151.50
HSC HOSPITALS	8	36	36,064.03		1001.78	.017		4508.00		17.46
NON-HSC HOSPITALS TOTAL	61	252	276,927.62		1098.92	.122		4539.80		134.04
0 ('('()N/IN/I) 1 () () () () ()	6 1	., , ,	/ 6 4 / 16 / 17		2111 27	1 ') ')		1776 (1)		

61

0

0

252

0

0

ACCOMMODATIONS

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

75,945.41

.00

301.37

.00

.00

.122

.000

.000

1245.01

.00

.00

36.76

.00

ALL OTHER ACCOM	61	252	75,945.41	301.37	.122	1245.01	36.76
ANCILLARIES	61	0	200,982.21	.00	.000	3294.79	97.28
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	424	1,506	43,640.29	28.98	.729	102.93	21.12
MEDICAL	25	38	1,481.28	38.98	.018	59.25	.72
SURGERY	7	10	353.15	35.32	.005	50.45	.17
PATHOLOGY	252	629	7,099.13	11.29	.304	28.17	3.44
RADIOLOGY	163	211	13,475.95	63.87	.102	82.67	6.52
ROOM USE	184	288	15,086.81	52.38	.139	81.99	7.30
CROSSOVERS/ALL OTH OUTPTNT	158	330	6,143.97	18.62	.160	38.89	2.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	179	480	\$	7,728.38	\$	16.10	.232	\$	43.18	\$	3.74
PATHOLOGY	179	480		7,728.38		16.10	.232		43.18		3.74
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	205	355	\$	24,980.55	\$	70.37	.172	\$	121.86	\$	12.09
CLINIC	12	46		1,379.99		30.00	.022		115.00		.67
SURGICENTER	1	7		246.21		35.17	.003		246.21		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	193	302		23,354.35		77.33	.146		121.01		11.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	IRES	MONTH-OF-PAYMENT F	REPOR	T FOR JAN 2	003 THRU I	DEC	2003	PI	AGE 1,636
MOP024	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 185% A	ND 6	50-DAY PP TOTAL, CO	DDES	44 47 48 49	69 76				
									HLY AVERA	_	
2,066 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	5 (COST PER		COST PER

2,066 ELIGIBLES	USERS UI	NITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER	COST PER
	(OR DAYS OF CAR	E.		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	59	405	\$	11,880.91	\$ 29.34	.196	\$ 201.37	\$ 5.75
DURABLE MED. EQUIP.	6	6		518.13	86.36	.003	86.36	.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	356		7,263.12	20.40	.172	558.70	3.52
AMBULANCES/AIR TRANS	13	354		3,663.12	10.35	.171	281.78	1.77
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.001	1800.00	1.74
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	37	37		3,885.00	105.00	.018	105.00	1.88
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		88.69	88.69	.000	88.69	.04
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.04
PSYCHOLOGIST	1	4		75.97	18.99	.002	75.97	.04
SPEECH AND AUDIOLOGY	1	1		50.00	50.00	.000	50.00	.02
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	17	57	\$	20,006.93	\$ 351.00	.028	\$ 1176.88	\$ 9.68
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARATI	E INFORMATION	ITEM ONLY	. ;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,637 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

COLODII COONII	BOMMET OF BEICK	TODO TON TITLE II DIGI	CLG/IICD /IGHD	THE COEE	MONTH	TIT 3/ 3/3/2/2/3/2/	717
142 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	COST PER	COST PER
142 ELIGIBLES	USERS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	155	1,047 \$	45,597.44		7.373 \$		\$ 321.11
	25			\$ 43.55 \$ 25.25		48.49	\$ 8.54
@PHYSICIANS SERVICES	0		1,212.14		.338 \$		
OUTPATIENT VISITS	-	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Ô	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	25	48	1,212.14	25.25	.338	48.49	8.54
OTHER SERVICES/ALL X-OVERS	149			\$ 56.37			
@PHARMACY	149	·	30,272.28		3.782 \$	203.17	
PRESCRIPTION DRUGS		523	29,930.45	57.23	3.683	200.88	210.78
SNF/ICF	3	23	734.92	31.95	.162	244.97	5.18
OUTPATIENTS	146	500	29,195.53	58.39	3.521	199.97	205.60
MEDICAL SUPPLIES	6	14	341.83	24.42	.099	56.97	2.41
@DENTIST	1	4 \$	41.00	\$ 10.25	.028 \$	41.00	
VISITS - DIAGNOSTIC	1	4	41.00	10.25	.028	41.00	. 29
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MON					PAGE 1,638
MODO 24	EEE EOD CEDITO						01/20/04

01/29/04

MOP024

01/29/04

FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							Mo	ONT	HLY AVERA	GE	
142 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST		-	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	159	\$	3,122.27	\$	19.64	1.120	\$	84.39	\$	21.99
COMM HOSP INPATIENT TOTAL	2	1		1,680.00		1680.00	.007		840.00		11.83
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00 .00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	1		1,680.00		1680.00	.007		840.00		11.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	35	158		1,442.27		9.13	1.113		41.21		10.16
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	35	158	۲.	1,442.27	٠,	9.13	1.113	۲,	41.21	بع	10.16
MENTALLY ILL	0	0	\$.00	\$.00 .00	.000	\$.00	\$.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	62	\$	7,143.02	\$	115.21	.437	\$	7143.02	\$	50.30
LEV A-INTERMEDIATE	0	0	Ψ	.00	٧	.00	.000	٧	.00	~	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	62		7,143.02		115.21	.437		7143.02		50.30
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN @HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	·	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	8.93	\$	8.93	.007	\$	8.93	\$.06
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		8.93		8.93	.007		8.93		.06
@ORGANIZED OUTPATIENT CLINIC	15	32	\$	1,728.69	\$	54.02	. 225	\$	115.25	\$	12.17
CLINIC	0	0		.00 208.21		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		208.21	.007		208.21		1.47 .00
RURAL HEALTH CLINIC	14	31		1,520.48		49.05	.218		108.61		10.71
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT RE	EDORT			DEC		Е	PAGE 1,640
MOP024	FEE-FOR-SERVICE					1010 01110 2	1005 11110		2003	_	01/29/04
COLUSA COUNTY		ICES FOR TITLE I	I DI	SREGARD - AGED		AID CODE	16				01, 25, 01
							M	TNC	HLY AVERA	GE	
142 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	37	184	\$	1,924.52	\$	10.46	1.296	\$	52.01	\$	13.55
DURABLE MED. EQUIP.	2	2		113.50		56.75	.014		56.75		.80
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		50.00		25.00	.014		25.00		.35
MEDICAL TRANSPORTATION	U	U		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	21	272.39	12.97	.148	30.27	1.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	137.94	22.99	.042	45.98	.97
PROSTHETICS	3	6	137.94	22.99	.042	45.98	.97
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	153		1,350.69	8.83	1.077	51.95	9.51
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	73	309	\$	6,013.85	\$ 19.46	2.176	\$ 82.38	\$ 42.35
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEDARATE	TNFORMATTON	TTEM ONLY:					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 1,641 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

COLUSA COUNTY	SUMMARY OF SERV	TCES FOR T	LT.LPE T	L DISR	EGARD - BLIND	AID COD	ES 26	6A			
										HLY AVERAC	
00 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES			UNITS/DAYS	5		COST PER
	_	OR DAYS (PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	•	.00	.000		.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	•	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		Ô		.00		.00	.000		.00	.00
RADIOLOGY	0		Ô		.00		.00	.000		.00	.00
PSYCHIATRY	0		Ô		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		Ô		.00		.00	.000		.00	.00
@PHARMACY	0		Ô	\$.00		.00	.000	Ś	.00	\$.00
PRESCRIPTION DRUGS	0		0	Υ	.00		.00	.000	Ψ.	.00	.00
SNF/ICF	0		Ô		.00		.00	.000		.00	.00
OUTPATIENTS	0		Ô		.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		Ô		.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00		.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0	٧	.00		.00	.000	Y	.00	.00
ORAL SURGERY	0		Ô		.00		.00	.000		.00	.00
DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		n		.00		.00	.000		.00	.00
PERIODONTICS	0		n		.00		.00	.000		.00	.00
ENDODONTICS	0		0		.00		.00	.000		.00	.00
TIADODOMITO	O		U		.00		. 00	.000		.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 1,642
MOP024	FEE-FOR-SERVICE		NIII OI IIIIIIIII KI	i on i on on z	EUUS IIIKO DEK	2003	01/29/04
COLUSA COUNTY			DECADD DI IND	AID CODES 26	67		01/29/04
COLUSA COUNTI	SUMMARY OF SERV	ICES FOR TITLE II DIS	REGARD - BLIND	AID CODES 20			7.0
00					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 \$.00	.00	.000	.00	.00
VISITS	0	0					
OTHER SERVICES	U	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	n ¢	.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 4	.00	\$.00	.000 \$.00	\$.00
	0	0 \$		•			•
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Û	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0		.00			
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		0					
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	n	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	ñ	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	ŭ	0					
INPATIENT CROSSOVERS	0	_	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

### WINTICKS. SURGEY O O O O O O O O O O O O O O O O O O O	CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
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### PATHOLOGY		Ō	0						
RADIOLOGY ROOM USES ALL OFF OFF OF ALL STRY REDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT EMPORT FOR JAN 2003 THRE DEC 2003 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		Ō	0						
ROOM USE CHOSSOVERS/ALL OTH GUTPTINT C	RADIOLOGY	0	0						
CROSSOVERS/ALL OTH OUTPINE 0		0	0						
#ORDIVAL SERVICES AND EXCEMDITURES MONTH-OF-DAMPHAIR REFORT FOR JAN 2003 THEN DEC 2003 PAGE 1.643 MODIVAL COUNTY FOREPRESENTED FEDERAL SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND ALL COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND ALL COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND ALL COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND ALL COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND ALL COUNTY SUMMARY OF SERVICE OR DAYS OF CARE EXPENDITURES COST FER COST FER COST FER COST FER COMMINING SERVICES FOR COUNTY SUMMARY OF SERVICES FOR THE SERVICE FOR THE SERVICES FOR THE SERVICES FOR THE SERVICES FOR THE SERVICE FOR THE SERVICES FOR THE SERVICE FOR THE SER		0	0						
MODIFIED PER-FOR-SERVICE/CENTAL COLUMN COUNTY		-	ES AND EXPENDITIBES MO					PAGE	
COLUNA COUNTY				SIVIII OI IZZIALIVI KI	HORT TOR OTH	ZOOS TIMO DE	2003		
OUR LIGIBLES				SREGARD - BLIND	AID CODES 26	5 6A		01,	/ 2 5 / 0 1
COMMUNITY HOSPITAL TOTAL	COLODII COUNTI	Solution of Shirt		SILUTIES BLIND	1110 00000 20		THLY AVERA	GE	
SCOMMUNITY HOSPITAL TOTAL	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				
GCOMMINITY HOSPITAL TOTAL 0	00 ELICIBED	OBERS							
COMM HOSP INTATLENT TOTAL	@COMMINITY HOSPITAL TOTAL	Λ		0.0					
HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			•					٧	
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS O O O O O O O O O O O O O O O O O O		0							
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	_						
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O		0	0						
TRANSITIONAL IP CARE 0 0 0 0 00 00 00 00 00 00 00 00 AL OTHER ACCOM 0 0 0 0 00 00 00 00 00 00 00 00 ANCILLARIES 0 0 0 0 0 00 00 00 00 00 00 00 00 100 110ATIENT CROSSOVERS 0 0 0 0 00 00 00 00 00 00 00 00 00 ALL OTHER INPATIENT 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0		0	0						
ALL OTHER ACCOM 0 0 0 00 00 00 00 00 00 00 00 00 ANCILIARIES 0 0 0 0 00 00 00 00 00 00 00 00 00 10 00 10 1		0	0						
ANCILLARIES 0 0 0 0 00 00 00 00 00 00 00 00 100 10		0	0						
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ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0						
COMM HOSP OUTPATIENT TOTAL		0	0						
MEDICAL		0	0						
SURGERY PATHOLOGY O PATHOLOGY O O RADIOLOGY O O O O O O O O O O O O O O O O O O		0	0						
PATHOLOGY		U	U						
RADIOLOGY ROOM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U	U						
ROOM USE		0	0						
CROSSOVERS/ALL OTH OUTPINT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
## STATE HOSPITAL **O***		0							
MENTALLY ILL		0							
DEVELOP DISABLED 0		0	· ·		·			\$	
## ONDESING FACILITY 0 0 \$.00		0							
LEV A-INTERMEDIATE 0 0 0 0 00 00 00 00 00 00 00 00 100 10		0						_	
LEV B-REHAB MD LEV B-SUBACUTE FRESTANDING O LEV B-SUBACUTE HSPTL BASED O LEV B-SUBACUTE HSPTL BASED O LEV B-REGILAR O O O O O O O O O O O O O O O O O O O		0	· ·		•			\$	
LEV B-SUBACUTE FREESTANDING 0 0 0 00 00 00 00 00 00 00 00 00 00 00		0							
LEV B-SUBACUTE HSPTL BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	_						
LEV B-TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
LEV B-REGULAR © INTERNEDIATE CARE FACILDD © INTERNEDIATE CARE FACILDD © O S .00 .00 .00 .00 \$.		0	0						
@INTERMEDIATE CARE FACILDD	LEV B-TRANSITIONAL IP CARE	0	_	.00	.00	.000	.00		.00
ICF DDH	LEV B-REGULAR	0							.00
ICF DD		0	0 \$		\$.00		.00	\$.00
ICF DDN/DDCN	ICF DDH	0	0			.000			.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 <td< td=""><td>ICF DD</td><td>0</td><td>0</td><td>.00</td><td></td><td></td><td>.00</td><td></td><td>.00</td></td<>	ICF DD	0	0	.00			.00		.00
HOSPITAL BASED 0 0 .00	ICF DDN/DDCN	0	0						.00
HEMODIALYSIS CENTER 0 0 .00	@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00	HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HOSPITAL BASED 0 0 .00	HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY 0 0 0 0 0 0 00 00 00 00 00 00 00 00 00	@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00<	HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
PATHOLOGY 0 0 .00 </td <td>INDEPENDENT FACILITY</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>	INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
XO AND OTHERS 0 0 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 .00 .00 \$.00 CLINIC 0 0 .00	@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 .00 .00 \$.00	PATHOLOGY	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 .00 .00 \$.00		0	0						
CLINIC 0 0 .0		0	0 \$					\$	
SURGICENTER 0 0 .00 .00 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00 .00 .00 .00		0	•		·	-		•	
HEROIN DETOX CLINIC 0 0 .00		0	0						
RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00 .00 .00		0	0						
		0	0						
		MEDI-CAL SERVIC	ES AND EXPENDITURES MO					PAGE	

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MONT	THLY AVERAGI	Ξ
00 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE CIVE	N AC A CEDARATE	TNEORMATION ITEM ONI	.v:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,645
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

----- MONTHLY AVERAGE -----83 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6.337 \$ 487.97 @TOTAL, ALL PROVIDERS 84 526 40,501.78 \$ 77.00 482.16 \$ 9 14 583.43 41.67 .169 \$ 64.83 \$ 7.03 @PHYSICIANS SERVICES 37.50 37.50 .012 37.50 .45 OUTPATIENT VISITS OFFICE VISITS 1 37.50 37.50 .012 37.50 .45 .00 .00 0 .00 .000 .00 HOME VISITS .00 .00 0 .000 .00 EMERGENCY ROOM .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS 163.70 54.57 .036 163.70 1.97 HOSPITAL VISITS 163.70 54.57 .036 163.70 1.97 .00 .00 .000 .00 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .000 0 .00 .00 .000 .00 .00 **EXAMINATIONS** SERVICES AND MATERIALS .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	10	382.23	38.22	.120	47.78	4.61
@PHARMACY	78	342	\$ 29,475.09	\$ 86.18	4.120	\$ 377.89	\$ 355.12
PRESCRIPTION DRUGS	77	247	29,173.48	118.11	2.976	378.88	351.49

SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	77	247		29,173.48		118.11	2.976	378.88		351.49
MEDICAL SUPPLIES	6	95		301.61		3.17	1.145	50.27		3.63
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITUR	ES MONTH-OF	-PAYMENT R	EPORT	FOR JAN 2	003 THRU I	DEC 2003	P.	AGE 1,646
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- DISABLE	D AID	CODES 36	66 6C			

----- MONTHLY AVERAGE -----83 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 21.48 42.96 \$ @OPTOMETRIST 85.91 .048 \$ 1.04 DIAGNOSTIC AND ANC. PROCED 1 1 32.80 32.80 .012 32.80 .40 .036 3 53.11 17.70 53.11 .64 EYE APPLIANCES OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 .00 .00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 .00 .00 .000 .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE .00 \$.00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 .000 .00 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 @TOTAL HOSPITAL 31 7,416.79 239.25 .373 494.45 89.36 HOSP INPATIENT TOTAL 7,049.34 2349.78 .036 2349.78 84.93 .00 HSC HOSPITALS .00 .00 .000 .00 5,369.34 1789.78 5369.34 NON-HSC HOSPITAL TOTAL .036 64.69 1,763.20 587.73 .036 1763.20 21.24 ACCOMMODATIONS .00 .00 .000 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 587.73 1763.20 1,763.20 ALL OTHER ACCOM .036 21.24 .00 ANCILLARIES 3,606.14 .000 3606.14 43.45 840.00 INPATIENT CROSSOVERS 1,680.00 .00 .000 20.24 ALL OTHER INPATIENT .00 .000 .00 .00 .00 HOSP OUTPATIENT TOTAL 12 367.45 13.12 .337 30.62 4.43 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .000 PATHOLOGY RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 .337 28 367.45 13.12 30.62 4.43 CROSSOVERS/ALL OTH OUTPTNT 12 @COUNTY HOSPITAL TOTAL .00 \$.00 .000 \$.00 \$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 1,647
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

COLUSA COUNTY	SUMMARI OF SERV	ICES FOR IIILE	דע דו	ISKEGARD - DISABLEI	NATO CODES 30			a =	
02 FLIGIBLES	Hanna	INITES OF SERVICE	_		ATTERNACE COCE	MON			COCH DED
83 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
OCOMMINITENT HOCDIEST FORST	1 -	OR DAYS OF CAR		7 416 70	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	31	\$	7,416.79	\$ 239.25	.373	•	Ş	89.36
COMM HOSP INPATIENT TOTAL	3	3		7,049.34	2349.78	.036	2349.78		84.93
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	Ţ	3		5,369.34	1789.78	.036	5369.34		64.69
ACCOMMODATIONS	1	3		1,763.20	587.73	.036	1763.20		21.24
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	3		1,763.20	587.73	.036	1763.20		21.24
ANCILLARIES	1	0		3,606.14	.00	.000	3606.14		43.45
INPATIENT CROSSOVERS	2	0		1,680.00	.00	.000	840.00		20.24
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	12	28		367.45	13.12	.337	30.62		4.43
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	12	28		367.45	13.12	.337	30.62		4.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$.00
ICF DDH	0	0	•	.00	.00	.000	.00	•	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	-7	.00	.00	.000	.00	-	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	~	.00	.00	.000	.00	~	.00
	ŭ	· ·		• • • •	. 3 0				

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
XO AND OTHERS	0	0	.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	14	19 \$	713.84	\$	37.57	.229	\$ 50.99	\$ 8.60
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	14	19	713.84		37.57	.229	50.99	8.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC 2003	PAGE 1,648
MOP024	FEE-FOR-SERVICE/DE	INTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE	S FOR TITLE II	DISREGARD - DISABL	ED AID	CODES 36	66 6C		
						3.7	CATESTA ATTESTA	CT.

----- MONTHLY AVERAGE -----USERS 83 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 26.83 @ALL OTHER PROVIDERS 116 2,226.72 19.20 1.398 \$ 96.81 \$ DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK Ω 0 .00 . 00 .000 .00 . 00 HEARING AID DISPENSERS 5 106.79 21.36 .060 53.40 1.29 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 AMBULANCES/AIR TRANS Ω .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OTHER TRANS .000 .00 . 00 . 00 OTHER SERVICES . 00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC,MODEL-NF,NF,AIDS,MSSP .000 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 33.25 11.08 .036 33.25 .40 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 PROSTHETICS ORTHOTICS .00 . 00 .000 . 00 . 00 .000 PSYCHOLOGIST .00 .00 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 0 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 0 0 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 ALL OTHER PROVIDERS 108 2,086.68 19.32 1.301 99.37 25.14 @CALIF. CHILDREN SERVICES* Ω 0 .00 .00 .000 \$.00 Ś .00 4,539.26 2.807 \$ 137.55 @XOVER EXCLUDING STATE HOSP** 33 233 19.48 54.69

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,649
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

MONTHI V AMEDACE

					MO	NIUDI AARKA	1GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/D	AY PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DD-11-11-11-11-11-11-11-11-11-11-11-11-1	0		0.0	0.0	000	0.0	0.0
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	U	U	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
EXAMINATIONS	Ü	Ü	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PRINCIPAL SURGEON	U	0		.00			
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	Ω	Λ	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
PRINCIPAL SURGEON	U	0		.00	.000		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	Ω	Λ	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	Ū	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	0	· ·					
OTHER SERVICES/ALL X-OVERS	U	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	Ō	0	.00	.00	.000	.00	.00
	0	•					
OUTPATIENTS	Ü	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	•					
ORAL SURGERY	Ü	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	Ü	Ü	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
•	0	0					
SPACE MAINTAINERS	Ü	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT REP	ORT FOR JAN 2	1003 THRU DEC	2003	PAGE 1,650
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVI		EGARD - FAMILIES	DISCONTINU	וביר		,,
COLOSA COUNTI	SUMMART OF SERVE	CES FOR TITLE IT DISK	EGARD - PAMILIES	DISCONTINO			
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$		\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES		0	.00	.00	.000	.00	.00
	0		• • •				
@CHIRODRACTOR			0.0			$\cap \cap$	
@CHIROPRACTOR	0	0 \$		\$.00	.000 \$		\$.00
VISITS	0	0 \$ 0	.00	\$.00 .00	.000 \$.000	.00	\$.00 .00
	0	0 \$		\$.00	.000 \$		\$.00
VISITS OTHER SERVICES	0	0 \$ 0 0	.00	\$.00 .00 .00	.000 \$.000 .000	.00	\$.00 .00 .00
VISITS OTHER SERVICES @PODIATRIST	0 0 0 0	0 \$ 0 0 0 \$.00 .00 .00	\$.00 .00 .00 \$.00	.000 \$.000 .000 .000 \$.00 .00 .00	\$.00 .00 .00 \$.00
VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0 0 0 0 0	0 \$ 0 0 0 \$ 0	.00 .00 .00 .00	\$.00 .00 .00 \$.00 \$.00	.000 \$.000 .000 .000 \$.000	.00 .00 .00	\$.00 .00 .00 \$.00
VISITS OTHER SERVICES @PODIATRIST	0 0 0 0	0 \$ 0 0 0 \$.00 .00 .00	\$.00 .00 .00 \$.00	.000 \$.000 .000 .000 \$.00 .00 .00	\$.00 .00 .00 \$.00

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF	-PAYMENT REPO	RT FOR JAN 2003	3 THRU DEC	2003	PAGE 1,651
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	TITLE II	DISREGARD	- FAMILIES	DISCONTINUED			
						MONT	THLY AVERAG	E

					MON'	I'HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MON	TH-OF-PAYMENT RI	EPORT	FOR JAN 2003	THRU	DEC	2003	PAGE	1,652
MOP024	FEE-FOR-SERVICE/DENTAL									01	/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	R TITLE	II DISR	REGARD - FAMILIES	S	DISCONTINUED					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 .00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 .00 .00 @CALIF. CHILDREN SERVICES* \$.00 .000 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY	SUMMARY OF SERVICES FO	R TITLE I	I DISREGA	RD - TOTAL								
										HLY AVERA		
225 ELIGIBLES		OF SERVICE		XPENDITURES		RAGE COST			S C			COST PER
		YS OF CARE				UNIT/DAY				USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	239	1,573	\$	86,099.22	\$	54.74	6.99			360.25	\$	382.66
@PHYSICIANS SERVICES	34	62	\$	1,795.57	\$	28.96	. 2	76	\$	52.81	\$	7.98
OUTPATIENT VISITS	1	1		37.50		37.50	.00	4		37.50		.17
OFFICE VISITS	1	1		37.50		37.50	.00	4		37.50		.17
HOME VISITS	0	0		.00		.00	.00	0 (.00		.00
EMERGENCY ROOM	0	0		.00		.00	.00			.00		.00
PREVENTIVE CARE	0	0		.00		.00	. 0 (.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.00			.00		.00
OTHER OUTPATIENT	0	Ő		.00		.00	.00			.00		.00
INPATIENT VISITS	1	3		163.70		54.57	.00			163.70		.73
	1	2		163.70						163.70		
HOSPITAL VISITS	1	3				54.57	. 01					.73
CRITICAL CARE	0	0		.00		.00	.00			.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.00			.00		.00
OPHTHALMOLOGICAL SERVICES	Ü	0		.00		.00	.00			.00		.00
EXAMINATIONS	0	0		.00		.00	.00			.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.00			.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.00			.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.00	0 (.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.00	0 (.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.00	0 (.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.00	0 (.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.00	0 (.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.00	0 (.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.00			.00		.00
DIALYSIS	0	0		.00		.00	.00			.00		.00
PATHOLOGY	0	0		.00		.00	. 0 (.00		.00
RADIOLOGY	0	0		.00		.00	.00			.00		.00
PSYCHIATRY	0	Ö		.00		.00	.00			.00		.00
IMMUNIZATION AND INJECTION	0	Ő		.00		.00	.00			.00		.00
OTHER SERVICES/ALL X-OVERS	33	58		1,594.37		27.49	.25			48.31		7.09
@PHARMACY	227	879	\$	59,747.37	\$	67.97	3.90		\$	263.20	\$	265.54
PRESCRIPTION DRUGS	226	770	Ÿ	59,103.93	Ą	76.76	3.42		Ą	261.52	Ą	262.68
	3	23		734.92		31.95	.10			244.97		3.27
SNF/ICF	_	747				78.14				261.74		259.42
OUTPATIENTS	223			58,369.01			3.32					
MEDICAL SUPPLIES	12	109	A	643.44	à	5.90	. 48		4	53.62	4	2.86
@DENTIST	1	4	\$	41.00	\$	10.25	.01		\$	41.00	\$.18
VISITS - DIAGNOSTIC	1	4		41.00		10.25	. 01			41.00		.18
ORAL SURGERY	0	0		.00		.00	.00			.00		.00
DRUGS	0	0		.00		.00	.00			.00		.00
ANESTHESIA	0	0		.00		.00	.00			.00		.00
PERIODONTICS	0	0		.00		.00	.00			.00		.00
ENDODONTICS	0	0		.00		.00	.00			.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.00			.00		.00
PROSTHETICS	0	0		.00		.00	.00	0 (.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.00	0 (.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.00	0 (.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.00	0 (.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.00			.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.00	0 (.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.00			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONTH-		EPORT				DEC		P	AGE 1,654
MOP024	FEE-FOR-SERVICE/DENTAL				_			_	-			01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO		I DISREGA	RD - TOTAL								

225 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	6	13	\$	193.42	\$	14.88	.058	\$	32.24	Ġ	.86
DIAGNOSTIC AND ANC. PROCED	1	1		32.80		32.80	.004		32.80		.15
EYE APPLIANCES	4	10		159.56		15.96	.044		39.89		.71
OTHER OPTOMETRIC SERVICES	1	2		1.06		.53	.009		1.06		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	4	.00	4	.00	.000	4	.00	4	.00
@PODIATRIST	11 0	11 0	\$	37.08 .00	\$	3.37	.049	\$	3.37	\$.16
MEDICINE/INJECTIONS SURGERY/ANES.	0	0		.00		.00	.000		.00		.00 .00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	11	11		37.08		3.37	.049		3.37		.16
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	52	190	\$	10,539.06	\$	55.47	.844	\$	202.67	\$	46.84
HOSP INPATIENT TOTAL	5	4		8,729.34		2182.34	.018		1745.87		38.80
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	3		5,369.34		1789.78	.013		5369.34		23.86
ACCOMMODATIONS	1	3		1,763.20 .00		587.73 .00	.013		1763.20		7.84
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		1,763.20		587.73	.013		1763.20		7.84
ANCILLARIES	1	0		3,606.14		.00	.000		3606.14		16.03
INPATIENT CROSSOVERS	4	1		3,360.00		3360.00	.004		840.00		14.93
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	47	186		1,809.72		9.73	.827		38.50		8.04
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	. 47 0	186	4	1,809.72	4	9.73	.827	4	38.50	4	8.04
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL		0	\$.00	\$.00	.000	\$.00	\$.00 .00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	-		RES M	MONTH-OF-PAYMENT R	EPOR			DEC		PA	AGE 1,655
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
COLUSA COUNTY	SUMMARY OF SERV	VICES FOR TITLE	II DI	SREGARD - TOTAL							
005			_				M				
225 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST				_	COST PER
@COMMUNITY HOSPITAL TOTAL	52	OR DAYS OF CAR 190	Е \$	10,539.06	РЕ. \$	R UNIT/DAY 55.47	PER ELIG .844		USER 202.67		ELIGIBLE 46.84
@COLIMONITI HOSETIAN TOTAL	52	190	Ą	10,555.00	Ą	JJ.41	.044	Ą	202.07	ų	TO.04

COMM HOSP INPATIENT TOTAL	5	4	8,729.34	2182.34	.018	1745.87	38.80
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	5,369.34	1789.78	.013	5369.34	23.86
ACCOMMODATIONS	1	3	1,763.20	587.73	.013	1763.20	7.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,763.20	587.73	.013	1763.20	7.84
ANCILLARIES	1	0	3,606.14	.00	.000	3606.14	16.03
INPATIENT CROSSOVERS	4	1	3,360.00	3360.00	.004	840.00	14.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	47	186	1,809.72	9.73	.827	38.50	8.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	47	186		1,809.72		9.73	.827		38.50		8.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	62	\$	7,143.02	\$	115.21	.276	\$	7143.02	\$	31.75
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	62		7,143.02		115.21	.276		7143.02		31.75
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	8.93	\$	8.93	.004	\$	8.93	\$.04
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		8.93		8.93	.004		8.93		.04
@ORGANIZED OUTPATIENT CLINIC	29	51	\$	2,442.53	\$	47.89	.227	\$	84.23	\$	10.86
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		208.21		208.21	.004		208.21		.93
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	28	50		2,234.32		44.69	.222		79.80		9.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MOI	NTH-OF-PAYMENT RE	POR	r for Jan	2003 THRU	DEC	2003	PI	AGE 1,656
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DIS	REGARD - TOTAL							
							M	ONT	HLY AVERA	.GE -	

USERS	UNITS OF SERVICE	EXPENDITURES		,	COST PER	COST PER
			- ,			ELIGIBLE
60	300 \$	4,151.24	\$ 13.84	1.333 \$	69.19	\$ 18.45
2	2	113.50	56.75	.009	56.75	.50
0	0	.00	.00	.000	.00	.00
4	7	156.79	22.40	.031	39.20	.70
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
10	24	305.64	12.74	.107	30.56	1.36
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
3	6	137.94	22.99	.027	45.98	.61
3	6	137.94	22.99	.027	45.98	.61
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	60 2 0 4 0 0 0 0 0 0	OR DAYS OF CARE 60 300 \$ 2 2 0 0 4 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 60 300 \$ 4,151.24 2 2 113.50 0 0 0 .00 4 7 156.79 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 10 24 305.64 0 0 0 .00 0 0 .00 3 6 137.94 3 6 137.94 3 6 137.94 0 0 0 .00 0 0 0 .00 0	OR DAYS OF CARE 300 \$ 4,151.24 \$ 13.84 2 2 2 113.50 56.75 0 0 0 .00 .00 4 77 156.79 22.40 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 60 300 \$ 4,151.24 \$ 13.84 1.333 \$ 69.19 2 2 113.50 56.75 .009 56.75 0 0 .00 .00 .000 .00 .00 4 7 156.79 22.40 .031 39.20 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 <t< td=""></t<>

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	261	3,437.37	13.17	1.160	73.14	15.28
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	106	542	\$ 10,553.11	\$ 19.47	2.409	\$ 99.56	\$ 46.90

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,657 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

COLODA COUNTI	DOMMAKI OF BEKY	ICES FOR IN HOME SOFE	OKI AGED	AID CODE	10		_
200 HI TGIRI HG	Hanna	INITES OF SERVICE		ATTERNACE COCE	MON'		
200 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
OHOHAI ALI DDOMIDEDO	215	OR DAYS OF CARE	110 706 26	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	215	9,207 \$	112,706.36	\$ 12.24	46.035 \$	524.22	
@PHYSICIANS SERVICES	19	56 \$	966.87	\$ 17.27	.280 \$	50.89	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	56	966.87	17.27	.280	50.89	4.83
@PHARMACY	174	7,747 \$	46,970.29	\$ 6.06	38.735 \$	269.94	3 234.85
PRESCRIPTION DRUGS	155	546	40,781.98	74.69	2.730	263.11	203.91
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	155	546	40,781.98	74.69	2.730	263.11	203.91
MEDICAL SUPPLIES	46	7,201	6,188.31	.86	36.005	134.53	30.94
@DENTIST	1	6 \$	236.00	\$ 39.33	.030 \$	236.00	1.18
VISITS - DIAGNOSTIC	1	2	70.00	35.00	.010	70.00	.35
ORAL SURGERY	1	4	166.00	41.50	.020	166.00	.83
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

0 0 MAXILLOFACIAL SERVICES .00 .00 .000 0 FRACTURES, DISLOCATIONS 0 .00 .00 .000 ORTHODONTIC SERVICES 0 0 .00 .00 .000 0

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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01/29/04

PAGE 1,658

MOP024 FEE-FOR-SERVICE/DENTAL

ALL OTHER SERVICES

COLUSA COUNTY	SUMMARY OF SERVE		TN UOME	CIIDD	ODT ACED		AID CODE	10				01/20/0
COLUSA COUNTI	SUMMARI OF SERV.	ICES FOR	IN HOME	SUPP	ORI - AGED		AID CODE			TIT 3/ 3/7/2/2/3	CE.	
200 FLIGIBLES	Harpa	IDITED OF	GEDIT GE			3 7 7 7 7	D A C E C C C C C	M				
200 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY				COST PER
	_	OR DAYS						PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3		9	\$	149.07	\$	16.56	.045		49.69	\$.75
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	3		9		149.07		16.56	.045		49.69		.75
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	•	.00	•	.00	.000		.00	•	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	12		12	\$	90.27	\$	7.52	.060	Ś	7.52	Ś	.45
MEDICINE/INJECTIONS	0		0	٧	.00	٧	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0		.00			.000				.00
RADIO./PATHOLOGY	12 0 0						.00			.00		
OTHER	12		12	4	90.27		7.52	.060		7.52		.45
@HOME HEALTH AGENCY	U		0	\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	0		0	Ş	.00		.00	.000		.00		.00
NURSE MIDWIFE	0		0	\$ \$ \$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0 0 49		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	49		224	\$	6,362.27	\$	28.40	1.120	\$	129.84	\$	31.81
HOSP INPATIENT TOTAL	4		43		4,787.93		111.35	.215		1196.98		23.94
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		Ō		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0 0 0 0 4 0 47		0		.00		.00	.000		.00		.00
	0		0									.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		
ANCILLARIES	U .				.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4		43		4,787.93		111.35	.215		1196.98		23.94
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	47		181		1,574.34		8.70	.905		33.50		7.87
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		2		7.31		3.66	.010		7.31		.04
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	2		2		28.25		14.13	.010		14.13		.14
CROSSOVERS/ALL OTH OUTPINT	46 0 0		177		1,538.78		8.69	.885		33.45		7.69
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		Ō	т.	.00	т.	.00	.000		.00	т	.00
HSC HOSPITALS	0		Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ő		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0									
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ü		.00		.00	.000		.00		.00
ANCILLARIES	0		U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY 0 0 .00 .00 .000 .00 .00 .00 0 0 .00 ROOM USE .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 1,659 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F	OR IN HOME	SUPPORT	- AGED		AID CODE	18				
]	TNON	HLY AVERA	GE	
200 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER		COST PER
		AYS OF CARE					PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	224	\$	6,362.27		28.40	1.120		129.84	Ś	31.81
COMM HOSP INPATIENT TOTAL	4	43	Ÿ	4,787.93		111.35	.215	٧	1196.98	Y	23.94
	0	0		•		.00			.00		.00
HSC HOSPITALS				.00			.000				
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4	43		4,787.93		111.35	.215		1196.98		23.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	47	181		1,574.34		8.70	.905		33.50		7.87
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	į.	2		7.31		3.66	.010		7.31		.04
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		28.25		14.13	.010		14.13		.14
CROSSOVERS/ALL OTH OUTPTNT	46	177		1,538.78		8.69	.885		33.45		7.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	14	421	\$	47,922.62		113.83	2.105	Ś	3423.04	Ġ	239.61
LEV A-INTERMEDIATE	0	0	Ÿ	.00	٧	.00	.000	٧	.00	Y	.00
	0	0		.00		.00			.00		.00
LEV B-REHAB MD	•	0					.000				
LEV B-SUBACUTE FREESTANDING	U	•		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	421		47,922.62		113.83	2.105		3423.04		239.61
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	Ġ	.00
HOSPITAL BASED	0	0	٧	.00	•	.00	.000	Ψ	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	Ċ					4		4	
@REHABILITATION FACILITY	U	•	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	21	33	\$	2,459.98	\$	74.54	.165	\$		\$	12.30
CLINIC	0	0	•	.00	•	.00	.000	т.	.00	т.	.00
SURGICENTER	3	3		591.27		197.09	.015		197.09		2.96
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	30		1,868.71		62.29	.150		98.35		9.34
			DO MONTETT					DE 6		_	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		FP MONTH	-OF-PAYMEN'I	KELOKI.	FOR JAN	∠UU3 THRU	DEC	2003	F	PAGE 1,660
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F	OR IN HOME	SUPPORT	- AGED		AID CODE					
							1		TTT 32 7 37 77 77 7	CE	

----- MONTHLY AVERAGE -----200 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	78	699 \$	7,548.99	\$ 10.80	3.495 \$	96.78	\$ 37.74
DURABLE MED. EQUIP.	6	11	2,349.71	213.61	.055	391.62	11.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.010	25.00	.25
MEDICAL TRANSPORTATION	3	91	38.78	.43	.455	12.93	.19
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	91	38.78	.43	.455	12.93	.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	116.08	11.61	.050	23.22	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	2	4	3.48	.87	.020	1.74	.02
PROSTHETIST/ORTHOTISTS	1	2	21.48	10.74	.010	21.48	.11
PROSTHETICS	1	2	21.48	10.74	.010	21.48	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	64	579	4,969.46	8.58	2.895	77.65	24.85
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	120	628	\$ 16,436.27	\$ 26.17	3.140	\$ 136.97	\$ 82.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,661
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

COLUSA COUNTY	SUMMARY OF SERV	JICES FOR IN HOME	SUPI	PORT - BLIND		AID CODE	28				
							MC	NTH	ILY AVERA	GE	
24 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S C	COST PER		COST PER
		OR DAYS OF CARE	}		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	24	122	\$	5,674.75	\$	46.51	5.083	\$	236.45	\$	236.45
@PHYSICIANS SERVICES	12	16	\$	285.05	\$	17.82	.667	\$	23.75	\$	11.88
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	12	16		285.05		17.82	.667		23.75		11.88
@PHARMACY	12	44	\$	2,859.77	\$	64.99	1.833	\$	238.31	\$	119.16
PRESCRIPTION DRUGS	12	44		2,859.77		64.99	1.833		238.31		119.16
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	12	44		2,859.77		64.99	1.833		238.31		119.16
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 1,662
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVIO	CES FOR IN HOME SUPPO	ORT - BLIND	AID CODE	28		
					MON	THLY AVERAG	GE
24 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00

						MON			
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS			COST PER
o o de montema e cer		OR DAYS OF CARE	2.2		- ,	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00		.00
EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	4.	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		Ş	.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	1	1 \$	26.40	\$	26.40	.042 \$		\$	1.10
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	1	1	26.40		26.40	.042	26.40		1.10
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$		\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	5	35 \$	1,821.80	\$	52.05	1.458 \$		\$	75.91
HOSP INPATIENT TOTAL	2	5	1,680.00		336.00	.208	840.00		70.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2	5	1,680.00		336.00	.208	840.00		70.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4	30	141.80		4.73	1.250	35.45		5.91
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	Ō	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	30	141.80		4.73	1.250	35.45		5.91
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	τ.	.00	.000	.00	~	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
	9	<u> </u>	.00				. 5 0		

ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	0		0				.00	.000				.00
ALL OTHER ACCOM	0		0		.00					.00		
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		IDITURI	ES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PΙ	AGE 1,663 01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR IN	I HOME	SUPPO	RT - BLIND		AID CODE	28				
								M	CNO	HLY AVERA	GE -	
24 ELIGIBLES	USERS	UNITS OF SE	CRVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5		35	\$	1,821.80	\$	52.05	1.458	\$	364.36	\$	75.91
COMM HOSP INPATIENT TOTAL	2		5		1,680.00		336.00	.208		840.00		70.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		5		1,680.00		336.00	.208		840.00		70.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4		30		141.80		4.73	1.250		35.45		5.91
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Ö		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4		30		141.80		4.73	1.250		35.45		5.91
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0		0	Ψ	.00	τ	.00	.000	Ψ.	.00	τ.	.00
DEVELOP. DISABLED	0		Ö		.00		.00	.000		.00		.00
@NURSING FACILITY	0		Ö	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0		0	Ψ	.00	τ	.00	.000	Ψ.	.00	τ.	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	Ô		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô		0		.00		.00	.000		.00		.00
LEV B-REGULAR	Ô		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0		0	~	.00	7	.00	.000	Y	.00	۲	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	Ġ	.00
UCCDITAL DACED	0		0	Y	.00	Y	.00	.000	Y	.00	٧	.00

HOSPITAL BASED

HOSPITAL BASED INDEPENDENT FACILITY

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

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@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00 \$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 1,664
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES H	FOR IN HOME SUPI	PORT - BLIND	AID CODE 2	28		
				-	MONT	THLY AVERAGI	E
24 ELIGIBLES	USERS UNITS	S OF SERVICE	EXPENDITURES AVER	RAGE COST (JNITS/DAYS	COST PER	COST PER
	OR I	DAYS OF CARE	PER	UNIT/DAY	PER ELIG	USER	ELTGIBLE

24 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVERAGE COST		S COST PER	(COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	8	26	\$	681.73	\$ 26.22	1.083	\$ 85.22	\$	28.41
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	6		147.41	24.57	.250	147.41		6.14
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		.00
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	1	6		147.41	24.57	.250	147.41		6.14
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	8	20		534.32	26.72	.833	66.79		22.26
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	21	73	\$	2,814.98	\$ 38.56	3.042	\$ 134.05	\$	117.29

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,665
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

						MOI	NTHLY AVERA	GE
192 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	194	8,991	\$	135,413.38	\$ 15.06	46.828	698.01	\$ 705.28
@PHYSICIANS SERVICES	44	138	\$	3,832.41	\$ 27.77	.719	87.10	\$ 19.96
OUTPATIENT VISITS	5	7		318.80	45.54	.036	63.76	1.66
OFFICE VISITS	5	7		318.80	45.54	.036	63.76	1.66
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	3		108.06	36.02	.016	54.03	.56

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	2	3	108.06	36.02	.016	54.03	.56
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	33.78	33.78	.005	33.78	.18
EXAMINATIONS	1	1	33.78	33.78	.005	33.78	.18
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	22	1,897.84	86.27	.115	632.61	9.88
PRINCIPAL SURGEON	3	3	1,643.84	547.95	.016	547.95	8.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	19	254.00	13.37	.099	254.00	1.32
OUTPATIENT SURGERY	1	1	234.18	234.18	.005	234.18	1.22
PRINCIPAL SURGEON	1	1	234.18	234.18	.005	234.18	1.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	2	3		101.51		33.84	.016		50.76		.53
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	Õ	0		.00		.00	.000		.00		.00
	33	101				11.27	.526		34.49		5.93
OTHER SERVICES/ALL X-OVERS			d	1,138.24	d			4		4	
@PHARMACY	171	5,025	\$	89,365.67	\$	17.78	26.172	Ş	522.61	Ş	465.45
PRESCRIPTION DRUGS	167	778		84,143.82		108.15	4.052		503.86		438.25
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	167	778		84,143.82		108.15	4.052		503.86		438.25
MEDICAL SUPPLIES	39	4,247		5,221.85		1.23	22.120		133.89		27.20
@DENTIST	11	. 39	\$	2,000.00	\$	51.28	.203	Ś	181.82	Ś	10.42
VISITS - DIAGNOSTIC		20	т	250.00	т.	12.50	.104	т.	41.67	-	1.30
ORAL SURGERY	2	3		255.00		85.00	.016		127.50		1.33
	0	5		.00		.00	.000		.00		.00
DRUGS	0	0									
ANESTHESIA	0	U		.00		.00	.000		.00		.00
PERIODONTICS	U	U		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	5		307.00		61.40	.026		102.33		1.60
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	11		1,188.00		108.00	.057		594.00		6.19
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•		DEC MO	NTH-OF-PAYMENT RE	ם חרם			חבים		D.	AGE 1,666
			CES MO	NIH-OF-PAIMENI KI	EPOR.	FOR UAIN	2003 IRU	ששע	. 2003	P	
MOP024	FEE-FOR-SERVICE					ATD CODE	C 0				01/29/04
COLUSA COUNTY	SUMMARY OF SERV.	ICES FOR IN HOME	SUPP	ORT - DISABLED		AID CODE				a =	
100 51 10151 50	Hanna								HLY AVERA	_	
192 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
	_	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2	6	\$	106.22	\$	17.70	.031	\$	53.11	\$.55
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	2	6		106.22		17.70	.031		53.11		.55
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		0.0			0.00				.00
@PODIATRIST				. 00		.00	. 000		.00		
	0	_	Ś	.00	Ś	.00	.000	Ś	.00	Ś	0.0
MEDICINE/INJECTIONS	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0 0	_	\$.00	\$.00	.000	\$.00	\$.00
SURGERY/ANES.	0 0 0	0 0 0	\$.00 .00 .00	\$.00 .00 .00	.000 .000 .000	\$.00 .00 .00	\$.00
SURGERY/ANES. RADIO./PATHOLOGY	0 0 0 0	0 0 0 0	\$.00 .00 .00 .00	\$.00 .00 .00	.000 .000 .000	\$.00 .00 .00	\$.00 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0	0 0 0	\$.00 .00 .00 .00	·	.00 .00 .00 .00	.000 .000 .000 .000		.00 .00 .00 .00		.00 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 0 8	0 0 0 0 0 0 25	\$.00 .00 .00 .00 .00 1,736.45	\$.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	\$.00 .00 .00 .00 .00	\$.00 .00 .00 .00 9.04
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	0 0 0 0 0 8 2	0 0 0 0 0 0 25 4	\$ \$ \$ \$.00 .00 .00 .00 .00 1,736.45 101.71	\$\$.00 .00 .00 .00 .00 69.46 25.43	.000 .000 .000 .000 .000 .130	\$.00 .00 .00 .00 .00 217.06 50.86	\$.00 .00 .00 .00 9.04 .53
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0 0 0 0 0 8 2 0	0 0 0 0 0 0 25 4 0	\$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 1,736.45 101.71	\$ \$ \$.00 .00 .00 .00 .00 69.46 25.43	.000 .000 .000 .000 .000 .130 .021	\$ \$ \$.00 .00 .00 .00 .00 217.06 50.86	\$ \$P \$P	.00 .00 .00 .00 9.04 .53
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 0 0 8 2 0	0 0 0 0 0 25 4 0	ማ ማ ማ ማ ማ	.00 .00 .00 .00 .00 .00 1,736.45 101.71 .00	ማ ጭ ጭ ጭ	.00 .00 .00 .00 .00 69.46 25.43 .00	.000 .000 .000 .000 .000 .130 .021 .000	\$ \$ \$.00 .00 .00 .00 .00 217.06 50.86 .00	\$ \$ \$ \$.00 .00 .00 .00 9.04 .53 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0	0 0 0 0 0 25 4 0 0	ው ውውው ው	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00	ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43	.000 .000 .000 .000 .000 .130 .021 .000	\$ \$ \$.00 .00 .00 .00 .00 217.06 50.86 .00	\$ \$P \$P	.00 .00 .00 .00 9.04 .53
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0 0 0 0 0 8 2 0 0 0	0 0 0 0 0 25 4 0	ው ው ው ው ው ው	.00 .00 .00 .00 .00 .00 1,736.45 101.71 .00	ማ ጭ ጭ ጭ	.00 .00 .00 .00 .00 69.46 25.43 .00	.000 .000 .000 .000 .000 .130 .021 .000 .000	\$ \$ \$ \$ \$ \$.	.00 .00 .00 .00 .00 217.06 50.86 .00	\$ \$ \$ \$.00 .00 .00 .00 9.04 .53 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0	0 0 0 0 0 25 4 0 0	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00		.00 .00 .00 .00 .00 69.46 25.43 .00	.000 .000 .000 .000 .000 .130 .021 .000 .000	\$ \$ \$ \$ \$.00 .00 .00 .00 .00 217.06 50.86 .00	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 50	0 0 0 0 0 25 4 0 0 0	\$\tau_{\\tau_{\\ \tau_{\tau_{\tau_{\\ \tau_{\tau_{\tau_{\\ \tau_{\tau_{\\ \tau_{\\ \tau_{\\ \tau_{\tau_{\\ \tau_{\\ \tau_{\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 .17,735.53 13,865.80		.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .00 .72.39 1386.58	.000 .000 .000 .000 .000 .130 .021 .000 .000 .000	\$ \$ \$ \$ \$.00 .00 .00 .00 217.06 50.86 .00 .00 .00 354.71 2773.16	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0 50 5	0 0 0 0 0 25 4 0 0 0 245 10	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 17,735.53 13,865.80	ው ጭ ጭ ጭ ጭ	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .00 .72.39 1386.58	.000 .000 .000 .000 .130 .021 .000 .000 .000 1.276 .052	\$ \$ \$ \$ \$ \$ \$.00 .00 .00 .00 .00 217.06 50.86 .00 .00 .00 .354.71 2773.16	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	0 50 5	0 0 0 0 0 25 4 0 0 0 245 10 0 3	\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 17,735.53 13,865.80 .00	ው ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .00 .72.39 1386.58 .00 3597.88	.000 .000 .000 .000 .130 .021 .000 .000 .000 1.276 .052 .000	ያ ያ ያ ያ ያ	.00 .00 .00 .00 217.06 50.86 .00 .00 .354.71 2773.16 .00	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22 .00 56.22
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	0 50 5	0 0 0 0 0 25 4 0 0 0 245 10	<i>\$</i>	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 17,735.53 13,865.80 .00 10,793.64 3,085.92	ው ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .00 .72.39 1386.58 .00 3597.88 1028.64	.000 .000 .000 .000 .130 .021 .000 .000 .000 1.276 .052 .000	· · · · · · · · · · · · · · · · · · ·	.00 .00 .00 .00 217.06 50.86 .00 .00 .354.71 2773.16 .00 10793.64 3085.92	ው ው ው ው ው	.00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22 .00 56.22 16.07
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0 50 5	0 0 0 0 0 25 4 0 0 0 245 10 0 3	<i>\$</i>	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 17,735.53 13,865.80 .00 10,793.64 3,085.92	ው ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .00 .72.39 1386.58 .00 3597.88 1028.64	.000 .000 .000 .000 .130 .021 .000 .000 .000 .052 .052 .016 .016	· · · · · · · · · · · · · · · · · · ·	.00 .00 .00 .00 217.06 50.86 .00 .00 .00 .354.71 2773.16 2773.16 3085.92 .00	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 .92.37 72.22 .00 56.22 16.07
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0 50 5	0 0 0 0 0 25 4 0 0 0 245 10 0 3	<i>\$</i>	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 17,735.53 13,865.80 .00 10,793.64 3,085.92 .00	ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .72.39 1386.58 .00 3597.88 1028.64 .00	.000 .000 .000 .000 .130 .021 .000 .000 .000 1.276 .052 .000 .016 .016	· · · · · · · · · · · · · · · · · · ·	.00 .00 .00 .00 .00 217.06 50.86 .00 .00 .354.71 2773.16 .00 10793.64 3085.92 .00	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22 .00 56.22 16.07 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0 50 5	0 0 0 0 0 25 4 0 0 0 0 245 10 0 3 3	\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 17,735.53 13,865.80 .00 10,793.64 3,085.92	ው ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .72.39 1386.58 .00 3597.88 1028.64 .00	.000 .000 .000 .000 .130 .021 .000 .000 .000 1.276 .052 .000 .016	· · · · · · · · · · · · · · · · · · ·	.00 .00 .00 .00 .00 217.06 50.86 .00 .00 .354.71 2773.16 .00 10793.64 3085.92 .00 .00	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22 .00 56.22 16.07 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0 50 5	0 0 0 0 0 25 4 0 0 0 245 10 0 3	\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau\$.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 17,735.53 13,865.80 .00 10,793.64 3,085.92 .00 .00 3,085.92 7,707.72	ው ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .72.39 1386.58 .00 3597.88 1028.64 .00	.000 .000 .000 .000 .000 .130 .021 .000 .000 .000 .000 .016 .016 .000 .000	\$\tau\$ \$\tau\$ \$\tay\$ \$\tay\$ \$\tay\$.00 .00 .00 .00 .00 217.06 50.86 .00 .00 .354.71 2773.16 .00 10793.64 3085.92 .00 .00 3085.92 7707.72	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22 .00 56.22 16.07 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0 50 5 0 1 1 0 0 1 1 4	0 0 0 0 0 25 4 0 0 0 0 245 10 0 3 3 0 0	<i>\$</i>	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 17,735.53 13,865.80 .00 10,793.64 3,085.92 .00 .00 3,085.92 7,707.72 3,072.16	ው ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .72.39 1386.58 .00 3597.88 1028.64 .00 .00	.000 .000 .000 .000 .000 .130 .021 .000 .000 .000 .016 .016 .000 .000 .016 .000	\$\tau\$ \$\tau\$ \$\tay\$ \$\tay\$ \$\tay\$.00 .00 .00 .00 .00 217.06 50.86 .00 .00 .354.71 2773.16 .00 10793.64 3085.92 .00 .00 3085.92 7707.72 768.04	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22 .00 56.22 16.07 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 50 5 0 1 1 0 0 1 1 4	0 0 0 0 0 25 4 0 0 0 0 245 10 0 3 3 0 0	\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau\$.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 .17,735.53 13,865.80 .00 10,793.64 3,085.92 .00 .00 .00 .00 .00	ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .00 .72.39 1386.58 .00 3597.88 1028.64 .00 .00	.000 .000 .000 .000 .000 .130 .021 .000 .000 .000 .016 .016 .000 .000 .016 .000	\$\tau\$ \$\tau\$ \$\tay\$ \$\tay\$ \$\tay\$.00 .00 .00 .00 .00 217.06 50.86 .00 .00 .354.71 2773.16 .00 10793.64 3085.92 .00 .00 3085.92 7707.72 768.04	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22 .00 56.22 16.07 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	0 50 5 0 1 1 0 0 1 1 4 0 4	0 0 0 0 0 25 4 0 0 0 245 10 0 3 3 0 0 0 235	<i>\$</i>	.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 17,735.53 13,865.80 .00 10,793.64 3,085.92 .00 .00 .00 3,085.92 7,707.72 3,072.16 .00 3,869.73	ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 72.39 1386.58 .00 3597.88 1028.64 .00 .00 1028.64 .00 438.88 .00	.000 .000 .000 .000 .130 .021 .000 .000 .000 .016 .016 .000 .000 .00	\$\tau\$ \$\tau\$ \$\tay\$ \$\tay\$ \$\tay\$.00 .00 .00 .00 .00 217.06 50.86 .00 .00 .354.71 2773.16 .00 10793.64 3085.92 .00 .00 3085.92 7707.72 768.04 .00 84.12	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22 .00 56.22 16.07 .00 .00
SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 50 5 0 1 1 0 0 1 1 4	0 0 0 0 0 25 4 0 0 0 0 245 10 0 3 3 0 0	\$\tau\$\tau\$\tau\$\tau\$\tau\$\tau\$.00 .00 .00 .00 .00 1,736.45 101.71 .00 .00 .00 .17,735.53 13,865.80 .00 10,793.64 3,085.92 .00 .00 .00 .00 .00	ው ው ው ው ው	.00 .00 .00 .00 .00 69.46 25.43 .00 .00 .00 .72.39 1386.58 .00 3597.88 1028.64 .00 .00	.000 .000 .000 .000 .000 .130 .021 .000 .000 .000 .016 .016 .000 .000 .016 .000	\$\tau\$ \$\tau\$ \$\tay\$ \$\tay\$ \$\tay\$.00 .00 .00 .00 .00 217.06 50.86 .00 .00 .354.71 2773.16 .00 10793.64 3085.92 .00 .00 3085.92 7707.72 768.04	ው ው ው ው ው	.00 .00 .00 .00 9.04 .53 .00 .00 .00 92.37 72.22 .00 56.22 16.07 .00 .00

SURGERY	1	1		14.43		14.43	.005		14.43		.08
	7	27				6.79			26.21		
PATHOLOGY	/			183.44			.141				. 96
RADIOLOGY	3	4		46.54		11.64	.021		15.51		. 24
ROOM USE	8	9		324.75		36.08	.047		40.59		1.69
CROSSOVERS/ALL OTH OUTPTNT	41	187		2,948.01		15.76	.974		71.90		15.35
	0		۲.	·	۲.			۲,		بي	
@COUNTY HOSPITAL TOTAL	~		\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	U	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	Ō	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	U	Ü		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	U									
MEDICAL	Ü	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	U	U									
ROOM USE	Ü	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	TMOM 2	H-OF-DAVMENT RE	EDORT	FOR JAN	2003 THRII I)EC	2003	D.	AGE 1,667
			ID PIONI	II OI IIIIIIIII KI	DI OICI	1010 0111	2005 11110 1		2005		
MOP024	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPOR	RT - DISABLED		AID CODE	68				
							MO	INC	HLY AVERA	GE ·	
192 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z1/EE	AGE COST	UNITS/DAYS	7	COST PER	(COST PER
I)Z EDIGIDDES	CHECO			EXFENDITORES				,			
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50	245	\$	17,735.53		72.39	1.276	\$	354.71	\$	
COMM HOSP INPATIENT TOTAL	5	10		13,865.80	1	386.58	.052		2773.16		72.22
HSC HOSPITALS	Ω	0		.00		.00	.000		.00		.00
	1	0		10 702 64	_	.00					
NON-HSC HOSPITALS TOTAL	1	3		10,793.64		3597.88 .028.64	.016		10793.64		56.22
ACCOMMODATIONS	1	3			1	.028.64	.016		3085.92		16.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	1	0			-						
ALL OTHER ACCOM	T	3		3,085.92		.028.64	.016		3085.92		16.07
ANCILLARIES	1	0		7,707.72		.00	.000		7707.72		40.14
INPATIENT CROSSOVERS	4	7		3,072.16		438.88	.036		768.04		16.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	_										
COMM HOSP OUTPATIENT TOTAL	46	235		3,869.73		16.47	1.224		84.12		20.15
MEDICAL	6	7		352.56		50.37	.036		58.76		1.84
SURGERY	1	1		14.43		14.43	.005		14.43		.08
PATHOLOGY	7	27		183.44		6.79	.141		26.21		.96
	7										
RADIOLOGY	3	4		46.54		11.64	.021		15.51		.24
ROOM USE	8	9		324.75		36.08	.047		40.59		1.69
CROSSOVERS/ALL OTH OUTPTNT	41	187		2,948.01		15.76	.974		71.90		15.35
@STATE HOSPITAL	0	0	Ġ	.00	Ġ	.00	.000	Ġ	.00	Ġ	.00
	-	0	Ų		Ą			Ą		Ą	
MENTALLY ILL	0	•		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
	0	0	τ	.00	Ψ		.000	~		Ψ.	
LEV A-INTERMEDIATE	•					.00			.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-TRANSITIONAL IP CARE	Ū			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00		.00	.000	r	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	11 \$	5,969.85	\$ 542.71	.057 \$	663.32	\$ 31.09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	11	5,969.85	542.71	.057	663.32	31.09
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	11 \$	252.79	\$ 22.98	.057 \$	84.26	\$ 1.32
PATHOLOGY	3	11	252.79	22.98	.057	84.26	1.32
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	19	24 \$	1,389.03	\$ 57.88	.125 \$	73.11	\$ 7.23
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	24	1,389.03	57.88	.125	73.11	7.23
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT R				PAGE 1,668
MOP024	FEE-FOR-SERVICE						01/29/04
COLUSA COUNTY		ICES FOR IN HOME S	SUPPORT - DISABLED	AID CODE	: 68		02/22/01
COLODII COUNTI	Bolling of Bellev	TODO TOR TRANSPER	JOIT OILT DIBIBBED	THE CODE	MONT	THIY AVERA	GE
192 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	OBERS	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	37	3,463	12,923.72	\$ 3.73	18.036 \$	349.29	
DIRABLE MED ECUITS	3	5, 103	1,406.93	281.39	.026	468.98	7.33
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	30.24	30.24	.005	30.24	.16
MEDICAL TRANSPORTATION	12	1,245	6,806.19	5.47	6.484	567.18	35.45
AMBULANCES/AIR TRANS	0	1,213	.00	.00	.000	.00	.00
OTHER TRANS	11	1,245	6,806.19	5.47	6.484	618.74	35.45
OTHER SERVICES	1	1,213	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	Õ	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	82.72	13.79	.031	41.36	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	Õ	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	2	404.37	202.19	.010	202.19	2.11
PROSTHETICS	2	2	404.37	202.19	.010	202.19	2.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	19	2,204	4,193.27	1.90	11.479	220.70	21.84
ALL OTHER PROVIDERS	0						
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@XOVER EXCLUDING STATE HOSP** 81

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,669
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

1,697

COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

416 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

16,315.00 \$

9.61

8.839 \$ 201.42 \$ 84.97

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	433	18,320 \$	253,794.49	\$ 13.85	44.038	\$ 586.13	\$ 610.08
@PHYSICIANS SERVICES	75	210 \$	5,084.33	\$ 24.21	.505	\$ 67.79	\$ 12.22
	5	7	318.80	45.54	.017	63.76	.77
OUTPATIENT VISITS							
OFFICE VISITS	5	7	318.80	45.54	.017	63.76	.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	108.06	36.02	.007	54.03	.26
	2	3					
HOSPITAL VISITS	۷	3	108.06	36.02	.007	54.03	. 26
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	33.78	33.78	.002	33.78	.08
EXAMINATIONS	1	1	33.78	33.78	.002	33.78	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	22	1,897.84	86.27	.053	632.61	4.56
	2	3	1,643.84	547.95	.007	547.95	3.95
PRINCIPAL SURGEON	0						
ASSISTANT SURGEON	U	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	19	254.00	13.37	.046	254.00	.61
OUTPATIENT SURGERY	1	1	234.18	234.18	.002	234.18	.56
PRINCIPAL SURGEON	1	1	234.18	234.18	.002	234.18	.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	Ö	.00	.00	.000	.00	.00
PATHOLOGY	2						
RADIOLOGY		3	101.51	33.84	.007	50.76	. 24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	64	173	2,390.16	13.82	.416	37.35	5.75
@PHARMACY	357	12,816 \$	139,195.73	\$ 10.86	30.808	\$ 389.90	\$ 334.61
PRESCRIPTION DRUGS	334	1,368	127,785.57	93.41	3.288	382.59	307.18
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	334	1,368	127,785.57	93.41	3.288	382.59	307.18
MEDICAL SUPPLIES	85	11,448	11,410.16	1.00	27.519	134.24	27.43
@DENTIST	12	45 \$	2,236.00	\$ 49.69	.108		
	7						•
VISITS - DIAGNOSTIC	·	22	320.00	14.55	.053	45.71	.77
ORAL SURGERY	3	7	421.00	60.14	.017	140.33	1.01
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	5	307.00	61.40	.012	102.33	.74
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	11	1,188.00	108.00	.026	594.00	2.86
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	0						
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00			.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES M	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 1,670
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERV	JICES FOR IN HOME SUP	PPORT - TOTAL				
					M	ONTHLY AVERA	GE
416 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
110 111011111	05212	OR DAYS OF CARE		PER UNIT/DAY			
@OPTOMETRIST	5	15 \$	255.29		.036		
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.000		•
				.00 17.02			.00
EYE APPLIANCES	5	15	255.29		.036	51.06	.61
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	13	\$ 116.67	\$ 8.97	.031	\$ 8.97	\$.28
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	13	13	116.67	8.97	.031	8.97	.28
@HOME HEALTH AGENCY	8	25	\$ 1,736.45	\$ 69.46	.060	\$ 217.06	\$ 4.17
NURSE ANESTHESIST	2	4	\$ 101.71	\$ 25.43	.010	\$ 50.86	\$.24
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	104	504	\$ 25,919.60	\$ 51.43	1.212	\$ 249.23	\$ 62.31
HOSP INPATIENT TOTAL	11	58	20,333.73	350.58	.139	1848.52	48.88
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	1	3		10,793.64	3597.88	.007	10793.64	25.95
ACCOMMODATIONS	1	3		3,085.92	1028.64	.007	3085.92	7.42
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3		3,085.92	1028.64	.007	3085.92	7.42
ANCILLARIES	1	0		7,707.72	.00	.000	7707.72	18.53
INPATIENT CROSSOVERS	10	55		9,540.09	173.46	.132	954.01	22.93
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	97	446		5,585.87	12.52	1.072	57.59	13.43
MEDICAL	6	7		352.56	50.37	.017	58.76	.85
SURGERY	1	1		14.43	14.43	.002	14.43	.03
PATHOLOGY	8	29		190.75	6.58	.070	23.84	.46
RADIOLOGY	3	4		46.54	11.64	.010	15.51	.11
ROOM USE	10	11		353.00	32.09	.026	35.30	.85
CROSSOVERS/ALL OTH OUTPTNT	91	394		4,628.59	11.75	.947	50.86	11.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MONT	H-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 1,671
MOP024	FEE-FOR-SERVICE/	DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR IN HOME	SUPPOR	T - TOTAL				
						MON	THLY AVERAG	GE
416 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OP DAVE OF CAPE			סבט וואודת/סאע	י סדף דו.דם	TICED	FT.TGTBT.F

					IM	JNIHLI AVERA	GE
416 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	104	504	\$ 25,919.60	\$ 51.43	1.212	\$ 249.23	\$ 62.31
COMM HOSP INPATIENT TOTAL	11	58	20,333.73	350.58	.139	1848.52	48.88
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	10,793.64	3597.88	.007	10793.64	25.95
ACCOMMODATIONS	1	3	3,085.92	1028.64	.007	3085.92	7.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	3,085.92	1028.64	.007	3085.92	7.42
ANCILLARIES	1	0	7,707.72	.00	.000	7707.72	18.53
INPATIENT CROSSOVERS	10	55	9,540.09	173.46	.132	954.01	22.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	97	446	5,585.87	12.52	1.072	57.59	13.43
MEDICAL	6	7	352.56	50.37	.017	58.76	.85
SURGERY	1	1	14.43	14.43	.002	14.43	.03
PATHOLOGY	8	29	190.75	6.58	.070	23.84	.46
RADIOLOGY	3	4	46.54	11.64	.010	15.51	.11
ROOM USE	10	11	353.00	32.09	.026	35.30	.85
CROSSOVERS/ALL OTH OUTPTNT	91	394	4,628.59	11.75	.947	50.86	11.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	14	421	S	47,922.62	\$	113.83	1.012	\$	3423.04	ċ.	115.20
LEV A-INTERMEDIATE	0	421	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Õ	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	421		47,922.62		113.83	1.012		3423.04		115.20
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś		Ś	.00
ICF DDH	Ô	0	Υ	.00	٧	.00	.000	٧	.00	~	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	11	\$	5,969.85	Ś	542.71	.026	\$		Ś	14.35
HOSPITAL BASED	0	0	т	.00	-	.00	.000	т	.00	т.	.00
HEMODIALYSIS CENTER	9	11		5,969.85		542.71	.026		663.32		14.35
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	·	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	11	\$	252.79	\$	22.98	.026	\$	84.26	\$.61
PATHOLOGY	3	11		252.79		22.98	.026		84.26		.61
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	40	57	\$	3,849.01	\$	67.53	.137	\$	96.23	\$	9.25
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	3	3		591.27		197.09	.007		197.09		1.42
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	38	54		3,257.74		60.33	.130		85.73		7.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUE	RES MONTH	-OF-PAYMENT R	EPOR'	r for jan	2003 THRU	DEC	2003	P.	AGE 1,672
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	E SUPPORT	- TOTAL							

COLUSA COUNTI	SUMMARI OF SER	VICES FOR IN HOME	SUPP	ORI - IOIAL				
						MON		
416 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	123	4,188	\$	21,154.44	\$ 5.05	10.067 \$	171.99	\$ 50.85
DURABLE MED. EQUIP.	9	16		3,756.64	234.79	.038	417.40	9.03
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		80.24	26.75	.007	26.75	.19
MEDICAL TRANSPORTATION	16	1,342		6,992.38	5.21	3.226	437.02	16.81
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	11	1,245		6,806.19	5.47	2.993	618.74	16.36
OTHER SERVICES	5	97		186.19	1.92	.233	37.24	.45
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	7	16		198.80	12.43	.038	28.40	.48
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4		3.48	.87	.010	1.74	.01
PROSTHETIST/ORTHOTISTS	3	4		425.85	106.46	.010	141.95	1.02
PROSTHETICS	3	4		425.85	106.46	.010	141.95	1.02
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	91	2,803		9,697.05	3.46	6.738	106.56	23.31
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 222 2,398 \$ 35,566.25 \$ 14.83 5.764 \$ 160.21 \$ 85.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,673
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

----- MONTHLY AVERAGE -----2,392 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,863 841,851.29 12,659.52 48,541 20.293 \$ 451.88 \$ 351.94 @TOTAL, ALL PROVIDERS \$ 17.34 298 @PHYSICIANS SERVICES 700 18.09 .293 \$ 42.48 \$ 5.29 0 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 .00 .00 0 OFFICE VISITS .00 .00 .000 .00 .000 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .000 .00 .00 PREVENTIVE CARE .000 . 00 . 00 OB VISITS/COMPRE PERI .000 OTHER OUTPATIENT .00 .00 .00 .000 .00 INPATIENT VISITS .00 .00 .00 .00 .00 .00 HOSPITAL VISITS .000 .00 .00 .000 .00 .00 CRITICAL CARE .000 .00 SNF/ICF/TRANS IP CARE . 00 OPHTHALMOLOGICAL SERVICES .000 .00 .00 .000 .00 EXAMINATIONS .00 SERVICES AND MATERIALS .00 .000 .00 .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .000 .00 1,005.21 1005.21 OUTPATIENT SURGERY .000 1005.21 . 42 1,005.21 PRINCIPAL SURGEON 1005.21 .000 1005.21 .42 .00 .000 .00 .00 .00 ASSISTANT SURGEON .00 .000 . 00 ANESTHESIOLOGIST . 00 .00 DIALYSIS .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 PSYCHIATRY .00 .00 .000 .00 IMMUNIZATION AND INJECTION .00 11,654.31 OTHER SERVICES/ALL X-OVERS 16.67 .292 39.24 4.87 @PHARMACY 461,005.19 \$ 15.78 12.217 \$ 278.89 \$ 192.73 183.53 77.91 2.356 271.67 PRESCRIPTION DRUGS 439,013.42 .070 SNF/ICF 7,479.73 44.52 213.71 3.13 431,533.69 78.93 2.286 272.09 180.41 OUTPATIENTS 23,588 MEDICAL SUPPLIES 227 21,991.77 .93 9.861 96.88 9.19 49 @DENTIST 158 7,992.00 50.58 .066 \$ 163.10 \$ 3.34 8.0 .033 VISITS - DIAGNOSTIC 1,065.00 13.31 40.96 . 45 .014 ORAL SURGERY 13 1,385.00 40.74 106.54 .58 0 0 .00 .00 .00 .000 DRUGS .00 0 5 1 12 0 26 .00 .00 .00 .000 ANESTHESIA .00 PERIODONTICS 710.00 142.00 .002 142.00 .30 1 8 0 14 .000 330.00 330.00 330.00 ENDODONTICS .14 RESTORATIVE DENTISTRY 871.00 72.58 .005 108.88 .36 PROSTHETICS .00 .00 .000 .00 .00 3,631.00 DENTURES, STAYPLATES 139.65 .011 259.36 1.52 0 .00 .000 .00 .00 .00 SPACE MAINTAINERS .00 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 FRACTURES, DISLOCATIONS 0 .00 .00 .000 .00 .00 .00 .00 .000 . 00 ORTHODONTIC SERVICES . 00 ALL OTHER SERVICES .00 .00 .000 .00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

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01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

COLUSA COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC	ASSI	STANCE - AGED					
0 200			_			MONT			
2,392 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	39	97	\$	1,832.78	\$ 18.89	.041 \$	46.99	\$.77
DIAGNOSTIC AND ANC. PROCED	2	2		67.45	33.73	.001	33.73		.03
EYE APPLIANCES	28	84		1,406.14	16.74	.035	50.22		.59
OTHER OPTOMETRIC SERVICES	10	11		359.19	32.65	.005	35.92		.15
@CHIROPRACTOR	1	2	\$	23.74	\$ 11.87	.001 \$	23.74	\$.01
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	1	2		23.74	11.87	.001	23.74		.01
@PODIATRIST	63	71	\$	566.07	\$ 7.97	.030 \$	8.99	\$.24
MEDICINE/INJECTIONS	0	0	•	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	63	71		566.07	7.97	.030	8.99		.24
@HOME HEALTH AGENCY	0	0	ċ.	.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	18	\$	195.71	\$ 10.87	.008 \$	97.86	\$.08
	2	0	ب ب	.00	\$ 10.87	.000 \$		\$	
NURSE MIDWIFE	0	0	Ş				.00		.00
PEDIATRIC NURSE PRACTITIONER		-	Ş	.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	377	1,997	Ş	83,420.12	\$ 41.77	.835 \$	221.27	Ş	34.87
HOSP INPATIENT TOTAL	39	169		63,612.56	376.41	.071	1631.09		26.59
HSC HOSPITALS	1	0		39.32	.00	.000	39.32		.02
NON-HSC HOSPITAL TOTAL	5	32		36,218.66	1131.83	.013	7243.73		15.14
ACCOMMODATIONS	5	32		13,790.81	430.96	.013	2758.16		5.77
ADMINISTRATIVE DAYS	1	2		456.77	228.39	.001	456.77		.19
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	30		13,334.04	444.47	.013	2666.81		5.57
ANCILLARIES	4	0		22,427.85	.00	.000	5606.96		9.38
INPATIENT CROSSOVERS	33	137		27,354.58	199.67	.057	828.93		11.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	353	1,828		19,807.56	10.84	.764	56.11		8.28
MEDICAL	1	2		139.24	69.62	.001	139.24		.06
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	15		136.50	9.10	.006	45.50		.06
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	2	2		28.25	14.13	.001	14.13		.01
CROSSOVERS/ALL OTH OUTPTNT	350	1,809		19,503.57	10.78	.756	55.72		8.15
@COUNTY HOSPITAL TOTAL	1	0	\$	39.32	\$.00	.000 \$	39.32	Ġ	.02
	1	0	Ą	39.32	.00	.000 \$	39.32	Ą	.02
CO HOSPITAL INPATIENT TOTAL	1	0		39.32	.00	.000	39.32		.02
HSC HOSPITALS	1	0							
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	Ō		.00	.00	.000	.00		.00
ROOM USE	0	Ö		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	-	ES M	MONTH-OF-PAYMENT RE				P	AGE 1,675
									/ 0 . 0

					MO	NTHLY AVERA	GE	
2,392 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	376	1,997	\$ 83,380.80	\$ 41.75	.835	\$ 221.76	\$	34.86
COMM HOSP INPATIENT TOTAL	38	169	63,573.24	376.17	.071	1672.98		26.58
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	5	32	36,218.66	1131.83	.013	7243.73		15.14
ACCOMMODATIONS	5	32	13,790.81	430.96	.013	2758.16		5.77
ADMINISTRATIVE DAYS	1	2	456.77	228.39	.001	456.77		.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	30	13,334.04	444.47	.013	2666.81		5.57
ANCILLARIES	4	0	22,427.85	.00	.000	5606.96		9.38
INPATIENT CROSSOVERS	33	137	27,354.58	199.67	.057	828.93		11.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	353	1,828		19,807.56		10.84	.764		56.11		8.28
MEDICAL	1	2		139.24		69.62	.001		139.24		.06
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	15		136.50		9.10	.006		45.50		.06
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		28.25		14.13	.001		14.13		.01
CROSSOVERS/ALL OTH OUTPTNT	350	1,809		19,503.57		10.78	.756		55.72		8.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	54	1,525	\$	179,876.16	\$	117.95	.638	\$	3331.04	\$	75.20
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	54	1,525		179,876.16		117.95	.638		3331.04		75.20
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	21	32	\$	13,986.09	\$	437.07	.013	\$	666.00	\$	5.85
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	21	32		13,986.09		437.07	.013		666.00		5.85
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	3	\$	26.74	\$	8.91	.001	\$	8.91	\$.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	3	3		26.74		8.91	.001		8.91		.01
@ORGANIZED OUTPATIENT CLINIC	238	404	\$	22,330.60	\$	55.27	.169	\$	93.83	\$	9.34
CLINIC	3	4		60.50		15.13	.002		20.17		.03
SURGICENTER	11	20		2,238.37		111.92	.008		203.49		.94
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	227	380		20,031.73		52.72	.159		88.25		8.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES M	MONTH-OF-PAYMENT RI	EPOR'	r for Jan 2003	THRU	DEC	2003	PA	GE 1,676
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	C ASSI	ISTANCE - AGED							

COHODII COONII	DOMINIME OF DEEK	VICUD TOR TODDIC TODDI	DITMICH TIGHT				
					MON	THLY AVERA	GE
2,392 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	323	14,311 \$	57,936.57	\$ 4.05	5.983	179.37	\$ 24.22
DURABLE MED. EQUIP.	14	28	9,281.65	331.49	.012	662.98	3.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	13	16	2,768.67	173.04	.007	212.97	1.16
MEDICAL TRANSPORTATION	41	11,676	28,809.24	2.47	4.881	702.66	12.04
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	25	11,286	27,689.64	2.45	4.718	1107.59	11.58
OTHER SERVICES	17	390	1,119.60	2.87	.163	65.86	.47
ACUPUNCTURE	2	8	129.76	16.22	.003	64.88	.05
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	49	108	1,509.36	13.98	.045	30.80	.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	5	4.37	.87	.002	1.46	.00
PROSTHETIST/ORTHOTISTS	7	14	307.16	21.94	.006	43.88	.13
PROSTHETICS	7	14	307.16	21.94	.006	43.88	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	742.29	247.43	.001	742.29	.31
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	219	2,453	14,384.07	5.86	1.026	65.68	6.01
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	820	5,028	\$ 97,780.02	\$ 19.45	2.102	\$ 119.24	\$ 40.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

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01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

0020011 0001111	Solumnia of Seliv	1020 1011 102210	11001	2111102 22112		MON	מקקעג עועדו	CF	
211 ELIGIBLES	USERS	UNITS OF SERVIC	c	EXPENDITURES	AVERAGE COST	_	COST PER	_	COST PER
ZII EDIGIDDES	OBERB	OR DAYS OF CAR		EXFENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	176	12,051	\$	180,569.52	\$ 14.98	57.114 \$		\$	855.78
@PHYSICIANS SERVICES	58	136	\$	5,401.02	\$ 39.71	.645		\$	25.60
OUTPATIENT VISITS	26	35	Ÿ	1,652.38	47.21	.166	63.55	Ÿ	7.83
OFFICE VISITS	17	19		719.60	37.87	.090	42.33		3.41
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	7		516.97	73.85	.033	129.24		2.45
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	9		415.81	46.20	.043	51.98		1.97
INPATIENT VISITS	0	30		1,988.44	66.28	.142	662.81		9.42
HOSPITAL VISITS	3	28		•	54.90	.133	512.44		7.29
	3	28		1,537.32					
CRITICAL CARE	1	0		451.12	225.56	.009	451.12		2.14
SNF/ICF/TRANS IP CARE	0	U		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		94.73	31.58	.014	31.58		.45
EXAMINATIONS	3	3		94.73	31.58	.014	31.58		.45
SERVICES AND MATERIALS	0	U		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	Ţ	1		358.88	358.88	.005	358.88		1.70
PRINCIPAL SURGEON	Ţ	1		358.88	358.88	.005	358.88		1.70
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	1	./		161.40	23.06	.033	161.40		.76
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	7		161.40	23.06	.033	161.40		.76
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	5		32.90	6.58	.024	10.97		.16
RADIOLOGY	6	16		328.10	20.51	.076	54.68		1.55
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	30	39		784.19	20.11	.185	26.14		3.72
@PHARMACY	143	3,052	\$	70,183.66	\$ 23.00	14.464 \$		\$	332.62
PRESCRIPTION DRUGS	143	629		65,676.61	104.41	2.981	459.28		311.26
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	143	629		65,676.61	104.41	2.981	459.28		311.26
MEDICAL SUPPLIES	20	2,423		4,507.05	1.86	11.483	225.35		21.36
@DENTIST	11	62	\$	2,001.00	\$ 32.27	.294 \$	181.91	\$	9.48
VISITS - DIAGNOSTIC	6	41	•	444.00	10.83	.194	74.00		2.10
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00

PERIODONTICS	3	4	718.00	179.50	.019	239.33	3.40
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	10	509.00	50.90	.047	84.83	2.41
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	7	330.00	47.14	.033	110.00	1.56
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 1,678
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSIS	TANCE - BLIND				
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Component Comp	COLUSA COUNTY	SUMMARY OF SERV.	ICES FOR	PUBLIC .	ASSI	STANCE - BLIND			M(רואר	מקיווג ע.זעי	CF	
OF DAYS OF CAME	211 FT.TCTRT.FC	TICEPC	INITTS OF	CEDVITCE		FYDFNDTTIIPFC	2/17/1	TRACE COST		-		GE.	
SOPTOMETRIST 3	ZII EDIGIDDES	OBERD				EXFENDITORES							
DIAGNOSTIC AND ANC. PROCED 1	@OPTOMETR I ST	3	OR DITTO		Ś	159 31						Ś	
THE APPLIANCES 3 7 111.86 15.98 .033 37.29 5.53 CHER OPPOMETRIC SERVICES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0				1	Y		Ų			Y		Y	
OTHER OPTOMETRIC SERVICES 0 0 .00		2		7									
### CHIROPRACTOR 0 0 \$.00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .		3		,									
VISITS		0		-	d		4			4		4	
## OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U			Ş		Ş			Ş		Ş	
#PODIATRIST		0		-									
MEDICINS/INDECTIONS 0		0											
SURGERY/AMES. 0 0 0 0.00		4		7	\$		\$			\$	8.66	\$	
RADIO./PATTBOLOGY OTHER 4 7 34.65 4.95 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0		0		0									
OTHER	SURGERY/ANES.	0		0		.00		.00			.00		.00
##HOME HEALTH AGENCY	RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
NURSE ANDESTHESIST 0 0 \$.00 \$	OTHER	4		7		34.65		4.95	.033		8.66		.16
NURSE ANESTHESIST 0 0 \$.00 \$	@HOME HEALTH AGENCY	11	1	,585	\$	46,775.23	\$	29.51	7.512	\$	4252.29	\$	221.68
NURSE MIDMITE 0 0 \$.00 \$.00 .00 \$.00 .00 \$.	NURSE ANESTHESIST	0		0	Ė			.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	NURSE MIDWIFE	0		0			Ś						0.0
### FAMILY NURSE PRACTITIONER 0 0 \$.00 \$		•			Š		Š						
### TOTAL HOSPITAL					Ġ		Ġ						
HOSP INPATIENT TOTAL 5 39 37,744.00 967.79 1.85 7548.80 178.88 HSC HOSPITALS 2 30 35,224.00 1174.13 .142 17612.00 166.94 NON-HSC HOSPITAL TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		-		-	ب ب		ې ب						
HSC HOSPITALS					Ą		Ą			Ą		Ą	
NON-HSC HOSEITAL TOTAL		5											
ACCOMMODATIONS ADMINISTRATIVE DAYS O ADMINISTRATIVE DAYS O O TRANSITIONAL IP CARE O O O ALL OTHER ACCOM O ANCILLARIES O O O O O O O O O O O O O O O O O O O		2											
ADMINISTRATIUE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O		U		-									
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0		0									
INPATIENT CROSSOVERS 3 9 2,520.00 280.00 .043 840.00 11.94		0		0									
ALL OTHER INPATIENT 00 0 0.00 .00 .00 .00 .00 .00 .00 .00		0		0									.00
HOSP OUTPATIENT TOTAL 37 182 3,414.05 18.76 .863 92.27 16.18 MEDICAL 3 6 113.29 18.88 .028 37.76 .54 SURGERY 1 1 69.11 69.11 .005 69.11 .33 PATHOLOGY 12 58 604.51 10.42 .275 50.38 2.86 RADIOLOGY 7 7 10 714.38 71.44 .047 102.05 3.39 ROOM USE 20 24 823.48 34.31 .114 41.17 3.90 CROSSOVERS/ALL OTH OUTPINT 18 83 1,089.28 13.12 .393 60.52 5.16 @COUNTY HOSPITAL TOTAL 0 0 0 \$.00 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 \$.00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	3		9		2,520.00		280.00	.043		840.00		11.94
MEDICAL 3 6 113.29 18.88 .028 37.76 .54 SURGERY 1 1 69.11 69.11 .005 69.11 .33 PATHOLOGY 12 58 604.51 10.42 .275 50.38 2.86 RADIOLOGY 7 10 714.38 71.44 .047 102.05 3.39 ROOM USE 20 24 823.48 34.31 .114 41.17 3.90 CROSSOVERS/ALL OTH OUTPTNT 18 83 1,089.28 13.12 .393 60.52 5.16 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT			0		.00		.00	.000		.00		.00
MEDICAL 3 6 113.29 18.88 .028 37.76 .54 SURGERY 1 1 69.11 69.11 .005 69.11 .33 PATHOLOGY 12 58 604.51 10.42 .275 50.38 2.86 RADIOLOGY 7 10 714.38 71.44 .047 102.05 3.39 ROOM USE 20 24 823.48 34.31 .114 41.17 3.90 CROSSOVERS/ALL OTH OUTPTNT 18 83 1,089.28 13.12 .393 60.52 5.16 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00<	HOSP OUTPATIENT TOTAL	37		182		3,414.05		18.76	.863		92.27		16.18
PATHOLOGY 12 58 604.51 10.42 .275 50.38 2.86 RADIOLOGY 7 10 714.38 71.44 .047 102.05 3.39 ROOM USE 20 24 823.48 34.31 .114 41.17 3.90 CROSSOVERS/ALL OTH OUTPTNT 18 83 1,089.28 13.12 .393 60.52 5.16 CCOUNTY HOSPITAL TOTAL 0 0 \$.00 \$.	MEDICAL	3		6		113.29		18.88	.028		37.76		.54
PATHOLOGY 12 58 604.51 10.42 .275 50.38 2.86 RADIOLOGY 7 10 714.38 71.44 .047 102.05 3.39 ROOM USE 20 24 823.48 34.31 .114 41.17 3.90 CROSSOVERS/ALL OTH OUTPINT 18 83 1,089.28 13.12 .393 60.52 5.16 @COUNTY HOSPITAL TOTAL 0 0 \$.00 .00 .00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 \$.00 .00 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 .00 <t< td=""><td>SURGERY</td><td>1</td><td></td><td>1</td><td></td><td>69.11</td><td></td><td>69.11</td><td>.005</td><td></td><td>69.11</td><td></td><td>.33</td></t<>	SURGERY	1		1		69.11		69.11	.005		69.11		.33
RADIOLOGY 7 10 714.38 71.44 .047 102.05 3.39 ROOM USE 20 24 823.48 34.31 .114 41.17 3.90 CROSSOVERS/ALL OTH OUTPTNT 18 83 1,089.28 13.12 .393 60.52 5.16 COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .000 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		12		58									
ROOM USE 20 24 823.48 34.31 .114 41.17 3.90 CROSSOVERS/ALL OTH OUTPTNT 18 83 1,089.28 13.12 .393 60.52 5.16 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00<													
CROSSOVERS/ALL OTH OUTPINT 18 83 1,089.28 13.12 .393 60.52 5.16 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00		· · · · · · · · · · · · · · · · · · ·											
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 .0													
CO HOSPITAL INPATIENT TOTAL 0 0 .00					ė.	•	۲.			۲,		4	
HSC HOSPITALS 0 0 .00		0			Ą		Ą			Ą		Ą	
NON-HSC HOSPITALS TOTAL 0 0 .00		0		-									
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		U		0									
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0		U									
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		0									
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00		0		0									
		0		0									
ANCILLARIES 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
	ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 1,679
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSI	ISTANCE - BLIND				
					NAC NATION :	T 37 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	·

COLUSA COUNTY	SUMMARI OF SER	VICES FOR PUBLIC	ASS	ISTANCE - BLIND							
							M				
211 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	221	\$	41,158.05	\$			\$	1003.85	\$	
COMM HOSP INPATIENT TOTAL	5	39		37,744.00		967.79	.185		7548.80		178.88
HSC HOSPITALS	2	30		35,224.00		1174.13	.142		17612.00		166.94
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	9		2,520.00		280.00	.043		840.00		11.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	37	182		3,414.05		18.76	.863		92.27		16.18
MEDICAL	3	6		113.29		18.88	.028		37.76		.54
SURGERY	1	1		69.11		69.11	.005		69.11		.33
PATHOLOGY	12	58		604.51		10.42	.275		50.38		2.86
RADIOLOGY	7	10		714.38		71.44	.047		102.05		3.39
ROOM USE	20	24		823.48		34.31	.114		41.17		3.90
CROSSOVERS/ALL OTH OUTPTNT	18	83		1,089.28		13.12	.393		60.52		5.16
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ġ	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	4	.00	-	.00	.000	т.	.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	ł 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	٧	.00	٧	.00	.000	٧	.00	٧	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	Q Q	36	\$	402.67	\$	11.19	.171	Ś	50.33	Ś	1.91
PATHOLOGY	Q Q	36	Y	402.67	Ų	11.19	.171	Y	50.33	۲	1.91
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	43	\$	3,675.76	\$.00 85.48	.204	ċ,	136.14	بخ	.00 17.42
	0	0	Ą	3,675.76	Ą	.00	.204	Ą	.00	Ą	.00
CLINIC SURGICENTER	U	0		.00			.000		.00		.00
SUKGICENIEK	U					.00			.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00

RURAL HEALTH CLINIC	27	43	3,675.76	85.48	.204	136.14	17.42
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2003	THRU DEC	2003	PAGE 1,680
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC ASS	SISTANCE - BLIND				

					MOI	NTHLY AVERA	GE	
211 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	23	6,901	\$ 10,778.17	\$ 1.56	32.706	\$ 468.62	\$	51.08
DURABLE MED. EQUIP.	4	8	2,891.51	361.44	.038	722.88		13.70
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	3	34	374.12	11.00	.161	124.71		1.77
AMBULANCES/AIR TRANS	2	28	226.71	8.10	.133	113.36		1.07
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	1	6	147.41	24.57	.028	147.41		.70
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	63.98	12.80	.024	21.33	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	6,828	6,844.83	1.00	32.360	2281.61	32.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	26	603.73	23.22	.123	50.31	2.86
@CALIF. CHILDREN SERVICES*	10	256	\$ 47,578.31	\$ 185.85	1.213	\$ 4757.83	\$ 225.49
@XOVER EXCLUDING STATE HOSP**	43	141	\$ 4,360.15	\$ 30.92	.668	\$ 101.40	\$ 20.66

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 1,681

01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

COLUSA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	ASSIS.	IANCE - DISABLED				
						MOI		-
5,033 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,179	137,134	\$	2,943,372.73	\$ 21.46	27.247		
@PHYSICIANS SERVICES	1,036	3,907	\$	132,860.55	\$ 34.01	.776		\$ 26.40
OUTPATIENT VISITS	419	640		24,117.84	37.68	.127	57.56	4.79
OFFICE VISITS	334	485		16,172.94	33.35	.096	48.42	3.21
HOME VISITS	13	16		646.60	40.41	.003	49.74	.13
EMERGENCY ROOM	66	101		6,063.40	60.03	.020	91.87	1.20
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.000	126.31	.03
OTHER OUTPATIENT	34	37		1,108.59	29.96	.007	32.61	.22
INPATIENT VISITS	61	512		25,416.96	49.64	.102	416.67	5.05
HOSPITAL VISITS	57	439		17,444.94	39.74	.087	306.05	3.47
CRITICAL CARE	14	67		7,817.62	116.68	.013	558.40	1.55
SNF/ICF/TRANS IP CARE	3	6		154.40	25.73	.001	51.47	.03
OPHTHALMOLOGICAL SERVICES	24	25		1,110.90	44.44	.005	46.29	.22
EXAMINATIONS	24	25		1,110.90	44.44	.005	46.29	.22
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	30	190		12,315.17	64.82	.038	410.51	2.45
PRINCIPAL SURGEON	21	34		9,349.94	275.00	.007	445.24	1.86
ASSISTANT SURGEON	1	1		121.61	121.61	.000	121.61	.02
ANESTHESIOLOGIST	12	155		2,843.62	18.35	.031	236.97	.56
OUTPATIENT SURGERY	83	244		20,357.35	83.43	.048	245.27	4.04
PRINCIPAL SURGEON	71	94		16,909.22	179.89	.019	238.16	3.36
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	150		3,448.13	22.99	.030	172.41	.69
DIALYSIS	25	238		6,871.69	28.87	.047	274.87	1.37
PATHOLOGY	48	106		2,125.26	20.05	.021	44.28	.42
RADIOLOGY	174	338		14,324.12	42.38	.067	82.32	2.85
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	19	141		2,574.56	18.26	.028	135.50	.51
OTHER SERVICES/ALL X-OVERS	519	1,473		23,646.70	16.05	.293	45.56	4.70

@PHARMACY	3,579	34,190	\$	1,545,196.14	\$	45.19	6.793	\$ 431.74	\$	307.01
PRESCRIPTION DRUGS	3,551	15,799		1,507,597.70		95.42	3.139	424.56		299.54
SNF/ICF	33	292		16,302.22		55.83	.058	494.01		3.24
OUTPATIENTS	3,522	15,507		1,491,295.48		96.17	3.081	423.42		296.30
MEDICAL SUPPLIES	361	18,391		37,598.44		2.04	3.654	104.15		7.47
@DENTIST	125	695	\$	23,806.00	\$	34.25	.138	\$ 190.45	\$	4.73
VISITS - DIAGNOSTIC	81	446		5,062.00		11.35	.089	62.49		1.01
ORAL SURGERY	19	60		3,525.00		58.75	.012	185.53		.70
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00		.02
PERIODONTICS	12	13		1,864.00		143.38	.003	155.33		.37
ENDODONTICS	3	4		1,205.00		301.25	.001	401.67		.24
RESTORATIVE DENTISTRY	37	105		5,273.00		50.22	.021	142.51		1.05
PROSTHETICS	1	1		30.00		30.00	.000	30.00		.01
DENTURES, STAYPLATES	18	48		5,424.00		113.00	.010	301.33		1.08
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000	48.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	6	11		1,275.00		115.91	.002	212.50		.25
ALL OTHER SERVICES	4	5		.00		.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU I	DEC 2003	PAG	GE 1,682
MOP024	FEE-FOR-SERVICE/DENTAL	ı								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	ASSI	STANCE - DISABLED						
							MO	ONTHLY AVERA	GE -	

USERS 5,033 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 100 260 5,392.75 20.74 .052 \$ 53.93 \$ 1.07 DIAGNOSTIC AND ANC. PROCED 36 44.57 .007 36 1,604.52 44.57 .32 EYE APPLIANCES 75 211 3,459.79 16.40 .042 46.13 .69 OTHER OPTOMETRIC SERVICES 10 13 328.44 25.26 .003 32.84 .07 @CHIROPRACTOR 9 132.04 14.67 .002 \$ 22.01 \$.03 4 VISITS 3 66.88 16.72 .001 22.29 .01 65.16 13.03 .001 21.72 .01 OTHER SERVICES @PODTATRIST 48 684.01 14.25 .010 \$ 19.54 \$.14 MEDICINE/INJECTIONS 3 123.40 41.13 .001 61.70 .02 SURGERY/ANES. 5 65.00 13.00 .001 13.00 .01 34.60 34.60 .01 RADIO./PATHOLOGY 17.30 .000 OTHER 38 461.01 12.13 .008 16.46 .09 @HOME HEALTH AGENCY 43 386 20,571.36 53.29 .077 \$ 478.40 4.09 79 18 18.00 .016 79.01 \$.28 NURSE ANESTHESIST 1,422.26 Ė NURSE MIDWIFE 0 0 .00 .00 .000 Ġ .00 Ś .00 PEDIATRIC NURSE PRACTITIONER 208.49 208.49 .000 208.49 \$.04 0 .00 FAMILY NURSE PRACTITIONER 0 .00 .000 .00 Ś .00 @TOTAL HOSPITAL 1,178 5,885 651,192.82 110.65 1.169 552.80 129.38 HOSP INPATIENT TOTAL 99 481 544,575.03 1132.17 .096 5500.76 108.20 16 194 218,275.00 1125.13 .039 13642.19 43.37 HSC HOSPITALS 141 292,854.95 2076.99 .028 6230.96 NON-HSC HOSPITAL TOTAL 58.19 ACCOMMODATIONS 141 73,734.87 522.94 .028 1568.83 14.65 11 2,326.72 211.52 1163.36 ADMINISTRATIVE DAYS .002 .46 0 .00 .000 TRANSITIONAL IP CARE 0 .00 .00 .00 ALL OTHER ACCOM 71,408.15 45 130 549.29 .026 1586.85 14.19 46 0 219,120.08 4763.48 ANCILLARIES .00 .000 43.54 INPATIENT CROSSOVERS 33,445.08 229.08 857.57 6.65 146 .029 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 106,617.79 HOSP OUTPATIENT TOTAL 1,123 5,404 19.73 1.074 94.94 21.18 275 163 10,718.47 38.98 .055 65.76 2.13 MEDICAL SURGERY 63 67 3,785.96 56.51 .013 60.09 .75 377 PATHOLOGY 1,418 15,513.34 10.94 .282 41.15 3.08 234 357 19,384.79 54.30 .071 82.84 3.85 RADIOLOGY 43.76 ROOM USE 342 497 21,747.72 .099 63.59 4.32

CROSSOVERS/ALL OTH OUTPTNT	677	2,790	35,467.51	12.71	.554	52.39	7.05
@COUNTY HOSPITAL TOTAL	3	24 \$	1,018.13	\$ 42.42	.005	\$ 339.38	\$.20
CO HOSPITAL INPATIENT TOTAL	1	18	840.00	46.67	.004	840.00	.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	18	840.00	46.67	.004	840.00	.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	178.13	29.69	.001	89.07	.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	6	178.13	29.69	.001	89.07	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 1,683
MOP024	FEE-FOR-SERVICE/DENTAL	1					01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

COLUBA COUNTI	SUMMARI OF SER	AICES FOR POPLIC	HOOT	ISTANCE - DISABLED		MO	NTHLY AVERA	CE.
E 022 BITGIDIEG	HGEDG	INTEG OF GERVICE	,	EXPENDIBLE	ATTED A CEL COCE			
5,033 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
CCOMMUNITED HOCKET HORAT	1 176	OR DAYS OF CARE		650 174 60	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,176	5,861	\$	650,174.69	\$ 110.93	1.165		
COMM HOSP INPATIENT TOTAL	98	463		543,735.03	1174.37	.092	5548.32	108.03
HSC HOSPITALS	16	194		218,275.00	1125.13	.039	13642.19	43.37
NON-HSC HOSPITALS TOTAL	47	141		292,854.95	2076.99	.028	6230.96	58.19
ACCOMMODATIONS	47	141		73,734.87	522.94	.028	1568.83	14.65
ADMINISTRATIVE DAYS	2	11		2,326.72	211.52	.002	1163.36	. 46
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	45	130		71,408.15	549.29	.026	1586.85	14.19
ANCILLARIES	46	0		219,120.08	.00	.000	4763.48	43.54
INPATIENT CROSSOVERS	38	128		32,605.08	254.73	.025	858.03	6.48
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,122	5,398		106,439.66	19.72	1.073	94.87	21.15
MEDICAL	163	275		10,718.47	38.98	.055	65.76	2.13
SURGERY	63	67		3,785.96	56.51	.013	60.09	.75
PATHOLOGY	377	1,418		15,513.34	10.94	.282	41.15	3.08
RADIOLOGY	234	357		19,384.79	54.30	.071	82.84	3.85
ROOM USE	342	497		21,747.72	43.76	.099	63.59	4.32
CROSSOVERS/ALL OTH OUTPTNT	676	2,784		35,289.38	12.68	.553	52.20	7.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	23	664	\$	91,167.37	\$ 137.30	.132	\$ 3963.80	\$ 18.11
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	23	664		91,167.37	137.30	.132	3963.80	18.11
@INTERMEDIATE CARE FACILDD	13	366	\$	54,594.22	\$ 149.16	.073	\$ 4199.56	\$ 10.85
ICF DDH	13	366	•	54,594.22	149.16	.073	4199.56	10.85
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	76	2,093	\$	76,895.86	\$ 36.74	.416		
HOSPITAL BASED	0	2,000	т.	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	76	2,093		76,895.86	36.74	.416	1011.79	15.28
		,		.,				

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	201	752	\$	11,686.66	\$	15.54	.149	\$	58.14	\$	2.32	
PATHOLOGY	201	752		11,686.66		15.54	.149		58.14		2.32	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	993	1,662	\$	138,576.85	\$	83.38	.330	\$	139.55	\$	27.53	
CLINIC	18	34		3,060.24		90.01	.007		170.01		.61	
SURGICENTER	9	17		1,584.32		93.20	.003		176.04		.31	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	974	1,611		133,932.29		83.14	.320		137.51		26.61	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 1,684	
MOP024	FEE-FOR-SERVICE/DE	ENTAL									01/29/04	
COLUSA COUNTY	SUMMARY OF SERVICE	ES FOR PUBLIC .	ASSI	STANCE - DISABLEI	D							
							M	TNOI	HLY AVERA	GE -		
5,033 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER	
	(OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	ļ	USER	F	ELIGIBLE	
@ALL OTHER PROVIDERS	832	86,137	\$	188,985.35	\$	2.19	17.114	\$	227.15	\$	37.55	
DURABLE MED. EOUIP.	83	208		36,981.92		177.80	.041		445.57		7.35	

5,033 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	832	86,137	\$	188,985.35	\$ 2.19	17.114	•	\$ 37.55
DURABLE MED. EQUIP.	83	208		36,981.92	177.80	.041	445.57	7.35
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	16	34		3,490.02	102.65	.007	218.13	.69
MEDICAL TRANSPORTATION	140	11,173		67,579.53	6.05	2.220	482.71	13.43
AMBULANCES/AIR TRANS	76	1,031		16,017.82	15.54	.205	210.76	3.18
OTHER TRANS	53	9,480		31,107.66	3.28	1.884	586.94	6.18
OTHER SERVICES	30	662		20,454.05	30.90	.132	681.80	4.06
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	18		2,353.25	130.74	.004	392.21	.47
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	105	234		2,961.41	12.66	.046	28.20	.59
PHYSICAL THERAPIST	2	6		92.82	15.47	.001	46.41	.02
PORTABLE X-RAY	2	6		4.69	.78	.001	2.35	.00
PROSTHETIST/ORTHOTISTS	9	44		5,005.56	113.76	.009	556.17	.99
PROSTHETICS	8	13		1,014.96	78.07	.003	126.87	.20
ORTHOTICS	1	31		3,990.60	128.73	.006	3990.60	.79
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	23	98		3,712.62	37.88	.019	161.42	.74
HOSPICE SERVICES	1	4		432.16	108.04	.001	432.16	.09
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	45	7,484		25,319.68	3.38	1.487	562.66	5.03
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	472	66,828		41,051.69	.61	13.278	86.97	8.16
@CALIF. CHILDREN SERVICES*	62	1,399	\$	33,288.10	\$ 23.79	.278	\$ 536.90	\$ 6.61
@XOVER EXCLUDING STATE HOSP**	1,073	13,965	\$	145,636.62	\$ 10.43	2.775	\$ 135.73	\$ 28.94
* TOTAL OF THE THE ADE OF	וגרות א מידו אידו		TUTTA					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,685
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

							MO	NT	HLY AVERA	.GE	
6,222 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	;	COST PER		COST PER
		OR DAYS OF CAR	£		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,144	18,055	\$	682,778.79	\$	37.82	2.902	\$	217.17	\$	109.74
@PHYSICIANS SERVICES	740	2,422	\$	85,370.30	\$	35.25	.389	\$	115.37	\$	13.72
OUTPATIENT VISITS	575	795		28,416.66		35.74	.128		49.42		4.57
OFFICE VISITS	430	580		17,641.86		30.42	.093		41.03		2.84

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	131	182	9,135.26	50.19	.029	69.73	1.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	10	11	962.85	87.53	.002	96.29	.15
OTHER OUTPATIENT	20	22	676.69	30.76	.004	33.83	.11
INPATIENT VISITS	29	74	3,933.47	53.16	.012	135.64	.63
HOSPITAL VISITS	29	71	3,348.69	47.16	.011	115.47	.54
CRITICAL CARE	1	3	584.78	194.93	.000	584.78	.09
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	13	17	809.07	47.59	.003	62.24	.13
EXAMINATIONS	13	17	809.07	47.59	.003	62.24	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	90	17,332.04	192.58	.014	666.62	2.79
PRINCIPAL SURGEON	21	21	15,395.29	733.11	.003	733.11	2.47
ASSISTANT SURGEON	3	3	398.43	132.81	.000	132.81	.06
ANESTHESIOLOGIST	6	66	1,538.32	23.31	.011	256.39	. 25

OUTPATIENT SURGERY	74	195		10,150.92		52.06	.031		137.17		1.63
PRINCIPAL SURGEON	61	106		7,963.79		75.13	.017		130.55		1.28
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	14	89		2,187.13		24.57	.014		156.22		.35
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	48	66		388.37		5.88	.011		8.09		.06
RADIOLOGY	71	124		6,489.98		52.34	.020		91.41		1.04
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	17	316		10,706.69		33.88	.051		629.81		1.72
OTHER SERVICES/ALL X-OVERS	114	745		7,143.10		9.59	.120		62.66		1.15
@PHARMACY	1,595	7,175	\$	160,995.96	\$	22.44	1.153	\$	100.94	\$	25.88
PRESCRIPTION DRUGS	1,576	3,316		157,321.32		47.44	.533		99.82		25.28
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,576	3,316		157,321.32		47.44	.533		99.82		25.28
MEDICAL SUPPLIES	43	3,859		3,674.64		.95	.620		85.46		.59
@DENTIST	174	940	\$	34,068.25	\$	36.24	.151	\$	195.79	\$	5.48
VISITS - DIAGNOSTIC	122	564		7,901.25		14.01	.091		64.76		1.27
ORAL SURGERY	24	45		3,532.00		78.49	.007		147.17		.57
DRUGS	7	7		145.00		20.71	.001		20.71		.02
ANESTHESIA	4	4		400.00		100.00	.001		100.00		.06
PERIODONTICS	3	3		600.00		200.00	.000		200.00		.10
ENDODONTICS	18	54		4,578.00		84.78	.009		254.33		.74
RESTORATIVE DENTISTRY	63	223		13,264.00		59.48	.036		210.54		2.13
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		120.00		120.00	.000		120.00		.02
MAXILLOFACIAL SERVICES	2	2		98.00		49.00	.000		49.00		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	19	34		3,355.00		98.68	.005		176.58		.54
ALL OTHER SERVICES	2	3		75.00		25.00	.000		37.50		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES I	MONTH-OF-PAYMENT RE	EPOR:	r for jan	2003 THRU	DEC	2003	PAG	E 1,686
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 6,222 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 121 2,964.34 24.50 .019 \$ 59.29 \$.48 @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED 36 1,696.34 47.12 .006 47.12 .27 EYE APPLIANCES 83 1,219.09 14.69 .013 42.04 .20 OTHER OPTOMETRIC SERVICES 48.91 24.46 .000 24.46 .01 @CHIROPRACTOR 1 16.72 \$ 16.72 .000 \$ 16.72 \$.00 16.72 VISITS 16.72 .000 16.72 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 186.87 37.37 .001 \$ 62.29 \$.03 21.40 MEDICINE/INJECTIONS 85.60 .001 28.53 .01 1 101.27 101.27 .000 101.27 .02 SURGERY/ANES. .00 .00 .00 .000 .00 RADIO./PATHOLOGY OTHER 0 .00 .00 .000 .00 .00 838.99 13 .002 \$ 93.22 @HOME HEALTH AGENCY 64.54 .13 11 112 9.32 .018 \$ 94.86 NURSE ANESTHESIST 1,043.46 \$.17 NURSE MIDWIFE 332.64 41.58 .001 \$ 332.64 .05 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 .00 .00 0 FAMILY NURSE PRACTITIONER 0 .00 .000 \$.00 .00 3,060 222,176.54 @TOTAL HOSPITAL 699 72.61 .492 \$ 317.85 35.71 31 108 138,809.40 HOSP INPATIENT TOTAL 1285.27 .017 4477.72 13 15,972.00 1228.62 .002 2662.00 HSC HOSPITALS 2.57 NON-HSC HOSPITAL TOTAL 24 90 122,025.40 1355.84 .014 5084.39 19.61 90 25,619.61 284.66 .014 1067.48 ACCOMMODATIONS 24 4.12 .000 Ω .00 .00 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

ALL OTHER ACCOM	24	90		25,619.61	284.66	.014	1067.48	4.12	
ANCILLARIES	24	0		96,405.79	.00	.000	4016.91	15.49	
INPATIENT CROSSOVERS	1	5		812.00	162.40	.001	812.00	.13	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	682	2,952		83,367.14	28.24	.474	122.24	13.40	
MEDICAL	128	178		7,062.52	39.68	.029	55.18	1.14	
SURGERY	52	54		1,712.36	31.71	.009	32.93	.28	
PATHOLOGY	393	1,059		11,709.55	11.06	.170	29.80	1.88	
RADIOLOGY	212	348		13,286.02	38.18	.056	62.67	2.14	
ROOM USE	493	677		28,142.79	41.57	.109	57.08	4.52	
CROSSOVERS/ALL OTH OUTPTNT	294	636		21,453.90	33.73	.102	72.97	3.45	
@COUNTY HOSPITAL TOTAL	1	2	\$	69.75	\$ 34.88	.000	\$ 69.75	\$.01	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	2		69.75	34.88	.000	69.75	.01	
MEDICAL	1	1		35.32	35.32	.000	35.32	.01	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	1	1		34.43	34.43	.000	34.43	.01	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00	
	MEDI-CAL SERVICES AND E	XPENDIT	JRES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 1,687	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
COLUSA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	C ASSI	STANCE - FAMILIES					
						M	ONTHLY AVERA	GE	

6,222 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVERAGE COST		COST PER	 COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	698	3,058	\$	222,106.79	\$ 72.63	.491	\$ 318.20	\$ 35.70
COMM HOSP INPATIENT TOTAL	31	108		138,809.40	1285.27	.017	4477.72	22.31
HSC HOSPITALS	6	13		15,972.00	1228.62	.002	2662.00	2.57
NON-HSC HOSPITALS TOTAL	24	90		122,025.40	1355.84	.014	5084.39	19.61
ACCOMMODATIONS	24	90		25,619.61	284.66	.014	1067.48	4.12
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	90		25,619.61	284.66	.014	1067.48	4.12
ANCILLARIES	24	0		96,405.79	.00	.000	4016.91	15.49
INPATIENT CROSSOVERS	1	5		812.00	162.40	.001	812.00	.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	681	2,950		83,297.39	28.24	.474	122.32	13.39
MEDICAL	127	177		7,027.20	39.70	.028	55.33	1.13
SURGERY	52	54		1,712.36	31.71	.009	32.93	.28
PATHOLOGY	393	1,059		11,709.55	11.06	.170	29.80	1.88
RADIOLOGY	212	348		13,286.02	38.18	.056	62.67	2.14
ROOM USE	492	676		28,108.36	41.58	.109	57.13	4.52
CROSSOVERS/ALL OTH OUTPINT	294	636		21,453.90	33.73	.102	72.97	3.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	172	521	\$	8,361.84	\$	16.05	.084	\$	48.62	\$	1.34
PATHOLOGY	172	521		8,361.84		16.05	.084		48.62		1.34
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,106	1,693	\$	138,448.64	\$	81.78	.272	\$	125.18	\$	22.25
CLINIC	26	76		3,503.29		46.10	.012		134.74		.56
SURGICENTER	11	68		2,090.27		30.74	.011		190.02		.34
HEROIN DETOX CLINIC	1	20		231.69		11.58	.003		231.69		.04
RURAL HEALTH CLINIC	1,080	1,529		132,623.39		86.74	.246		122.80		21.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT :	FOR JAN 2	2003 THRU I	DEC	2003	PF	AGE 1,688
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
COLLICA COLLYES	CITMINADIA OE CEDITACEC	EOD DIEDITO	ACCT	CTANCE EAMETERS							

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

COLODII COONII	BONNERCE OF BEIC	VICED FOR FOREIG	. 1100	IDITUCE TIMELED		140	NTOUTT 17 NT 200 N	C.P.
6 222 BLIGTBIRG	Hanna	INITES OF SERVICE			ATTERNACE COCE		NTHLY AVERA	-
6,222 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
CALL OFFICE PROJETERS	202	OR DAYS OF CAR		05 054 04	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	303	1,984	\$	27,974.24	\$ 14.10	.319		•
DURABLE MED. EQUIP.	15	17		2,500.77	147.10	.003	166.72	.40
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	46	668		10,609.89	15.88	.107	230.65	1.71
AMBULANCES/AIR TRANS	45	666		7,009.89	10.53	.107	155.78	1.13
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	2	2		3,600.00	1800.00	.000	1800.00	.58
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		20.30	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3		315.00	105.00	.000	105.00	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	41	91		781.79	8.59	.015	19.07	.13
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2		137.52	68.76	.000	68.76	.02
PROSTHETICS	1	1		48.83	48.83	.000	48.83	.01
ORTHOTICS	1	1		88.69	88.69	.000	88.69	.01
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	14		597.30	42.66	.002	85.33	.10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	191	1,189		13,011.67	10.94	.191	68.12	2.09
EPSDT SUPPLEMENTAL SERVICE	0	1,100		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	28	194	Ċ	24,067.27	\$ 124.06	.031		
@XOVER EXCLUDING STATE HOSP**		123	ڊ ب	1,105.26	\$ 124.00		\$ 552.63	\$ 3.67
WYOAK EVCTONING SIVIE HOSE		123	ې 	1,105.20	ې 0.99	.020	و 552.63	ý .TO

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

01/29/04

| COLUMN | C ----- MONTHLY AVERAGE -----

13,858 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAYS PER ELIG	(COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	192	486	\$ 10,349.18	\$ 21.29	.035	\$	53.90	\$.75
DIAGNOSTIC AND ANC. PROCED	75	75	3,415.76	45.54	.005		45.54	.25
EYE APPLIANCES	135	385	6,196.88	16.10	.028		45.90	.45
OTHER OPTOMETRIC SERVICES	22	26	736.54	28.33	.002		33.48	.05
@CHIROPRACTOR	8	12	\$ 172.50	\$ 14.38	.001	\$	21.56	\$.01
VISITS	4	5	83.60	16.72	.000		20.90	.01
OTHER SERVICES	4	7	88.90	12.70	.001		22.23	.01
@PODIATRIST	105	131	\$ 1,471.60	\$ 11.23	.009	\$	14.02	\$.11
MEDICINE/INJECTIONS	5	7	209.00	29.86	.001		41.80	.02
SURGERY/ANES.	6	6	166.27	27.71	.000		27.71	.01
RADIO./PATHOLOGY	1	2	34.60	17.30	.000		34.60	.00
OTHER	95	116	1,061.73	9.15	.008		11.18	.08
@HOME HEALTH AGENCY	63	1,984	\$ 68,185.58	\$ 34.37	.143	\$	1082.31	\$ 4.92
NURSE ANESTHESIST	31	209	\$ 2,661.43	\$ 12.73	.015	\$	85.85	\$.19

NURSE MIDWIFE	1	8	\$	332.64	\$	41.58	.001	\$	332.64	\$.02
PEDIATRIC NURSE PRACTITIONER	1	1	\$	208.49	\$	208.49	.000	\$	208.49	\$.02
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$.00	.000		.00	Ė	.00
@TOTAL HOSPITAL	2,295	11,163	Ė	997,947.53	\$	89.40		\$			72.01
HOSP INPATIENT TOTAL	174	797	τ	784,740.99	Ψ.	984.62	.058	Υ	4510.01	т	56.63
HSC HOSPITALS	25	237		269,510.32		1137.17	.017		10780.41		19.45
									5935.51		
NON-HSC HOSPITAL TOTAL	76	263		451,099.01		1715.21	.019				32.55
ACCOMMODATIONS	76	263		113,145.29		430.21	.019		1488.75		8.16
ADMINISTRATIVE DAYS	3	13		2,783.49		214.11	.001		927.83		.20
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	74	250		110,361.80		441.45	.018		1491.38		7.96
ANCILLARIES	0 74 74	0		337,953.72		.00	.000		4566.94		24.39
INPATIENT CROSSOVERS	76	297		64,131.66		215.93	.021		843.84		4.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,195	10,366		213,206.54 18,033.52		20.57	.748		97.13		15.39
MEDICAL	295	461		18 033 52		39.12	.033		61.13		1.30
SURGERY	116	122		5,567.43		45.63	.009		48.00		.40
	785					10.97					2.02
PATHOLOGY		2,550		27,963.90			.184		35.62		
RADIOLOGY	453	715		33,385.19		46.69	.052		73.70		2.41
ROOM USE	857	1,200		50,742.24		42.29	.087		59.21		3.66
CROSSOVERS/ALL OTH OUTPTNT		5,318		77,514.26		14.58	.384		57.89		5.59
@COUNTY HOSPITAL TOTAL	5	26	\$	1,127.20	\$	43.35	.002	\$	225.44	\$.08
CO HOSPITAL INPATIENT TOTAL	2	18		879.32		48.85	.001		439.66		.06
HSC HOSPITALS	1	0		39.32		.00	.000		39.32		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	1	18									
INPATIENT CROSSOVERS	Ι.			840.00		46.67	.001		840.00		.06
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	8		247.88		30.99	.001		82.63		.02
MEDICAL	1	1		35.32		35.32	.000		35.32		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.43		34.43	.000		34.43		.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		178.13		29.69	.000		89.07		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RI	EPOR'	r for Jan	2003 THRU	DEC	2003	PA	GE 1,691
MOP024	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY		ICES FOR PUBLIC	ASST	STANCE - TOTAL							01/2//01
COLODII COOMII	Sommer of Shiev	TODO FOR FORDIC	11001	3111101 1011111			M	∩NTT	מסקעמ ע.זעי	CF _	
13,858 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7/17	FRACE COST	UNITS/DAY				OST PER
13,030 EDIGIBLES	OBERD	OR DAYS OF CAR		EXPENDITORES			PER ELIG		USER		LIGIBLE
ACOMMINITED HOCDIENT TOTAL	2,291	11,137		996,820.33	\$				435.10		71.93
@COMMUNITY HOSPITAL TOTAL	172		\$		Ą			Þ		Ą	
COMM HOSP INPATIENT TOTAL		779		783,861.67		1006.24	.056		4557.34		56.56
HSC HOSPITALS	24	237		269,471.00		1137.01	.017		11227.96		19.45
NON-HSC HOSPITALS TOTAL	76	263		451,099.01		1715.21	.019		5935.51		32.55
ACCOMMODATIONS	76	263		113,145.29		430.21	.019		1488.75		8.16
ADMINISTRATIVE DAYS	3	13		2,783.49		214.11	.001		927.83		.20
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	74	250		110,361.80		441.45	.018		1491.38		7.96
ANCILLARIES	74	0		337,953.72		.00	.000		4566.94		24.39
INPATIENT CROSSOVERS	75	279		63,291.66		226.85	.020		843.89		4.57
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,193	10,358		212,958.66		20.56	.747		97.11		15.37
MEDICAL	2,193	460		17,998.20		39.13	.033		61.22		1.30
SURGERY	116	122		5,567.43		45.63	.009		48.00		.40
	785			27,963.90							
PATHOLOGY	/05	2,550		27,963.90		10.97	.184		35.62		2.02

RADIOLOGY	453	715	33,385.19		.69 .052		73.70		2.41
ROOM USE	856	1,199	50,707.81		.29 .087		59.24		3.66
CROSSOVERS/ALL OTH OUTPTNT	,	5,312	77,336.13	14			57.80		5.58
@STATE HOSPITAL	0	0 \$.00		.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.000		.00		.00
@NURSING FACILITY	77	2,189 \$	271,043.53	\$ 123	.82 .158	\$	3520.05	\$	19.56
LEV A-INTERMEDIATE	0	0	.00		.000		.00		.00
LEV B-REHAB MD	0	0	.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0	.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.000		.00		.00
LEV B-REGULAR	77	2,189	271,043.53	123			3520.05		19.56
@INTERMEDIATE CARE FACILDD	0 77 13	366 \$		\$ 149		Ġ	4199.56	Ġ	3.94
ICF DDH	13	366	54,594.22	149			4199.56	•	3.94
ICF DD	0	0	.00		.000 .000		.00		.00
ICF DDN/DDCN	0	0	.00		.000 .000		.00		.00
@HEMODIALYSIS TOTAL	97	2,125 \$	90,881.95		.77 .153	Ś	936.93	Ś	6.56
HOSPITAL BASED	0	0	.00		.00 .000	۲	.00	~	.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	97	2,125	90,881.95		.77 .153		936.93		6.56
@REHABILITATION FACILITY	0	0 \$.00		.00 .000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	.00		.00 .000	۲	.00	~	.00
TNDEDENDENT FACTLITY	0	0	.00		.000		.00		.00
@I.ARORATORY FACTI.TTY	384	1,312 \$	20,477.91		.61 .095	Ġ	53.33	Ś	1.48
DATUOLOGY	301	1,312	20,477.31	15		Ÿ	53.68	Ų	1.48
YO AND OTHERS	301	3	26.74		.91 .000		8.91		.00
ACCAND CHEEKS	2 264	3,802 \$	303,031.85		.70 .274	بغ	128.19	ċ.	21.87
CLINIC	2,304 47	114	6,624.03		.11 .008	Ą	140.94	Ą	.48
SURGICENTER	31	105	5,912.96		.31 .008		190.74		.43
HEROIN DETOX CLINIC	1	20	231.69	11			231.69		.43
							125.76		20.95
		3,563				חחמ		ъ.	
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR	JAN 2003 THRU	DEC	2003	PF	AGE 1,692
MOP024	FEE-FOR-SERVICE/								01/29/04
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASSI	STANCE - TOTAL					a =	
12 050 51 5655 56	Harra						HLY AVERA		
13,858 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		COST UNITS/DAY				COST PER
		OR DAYS OF CARE			C/DAY PER ELIC		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,481	109,333 \$	285,674.33		.61 7.890	\$	192.89	\$	20.61
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	116	261	51,655.85	197			445.31		3.73
BLOOD BANK	0	0	.00		.000		.00		.00
HEARING AID DISPENSERS	29	50	6,258.69	125			215.82		.45
MEDICAL TRANSPORTATION	230	23,551	107,372.78	4	.56 1.699		466.84		7.75
		1 000							

13,858 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,481	109,333 \$	285,674.33	\$ 2.61	7.890	\$ 192.89	\$ 20.61
DURABLE MED. EQUIP.	116	261	51,655.85	197.92	.019	445.31	3.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	29	50	6,258.69	125.17	.004	215.82	.45
MEDICAL TRANSPORTATION	230	23,551	107,372.78	4.56	1.699	466.84	7.75
AMBULANCES/AIR TRANS	123	1,725	23,254.42	13.48	.124	189.06	1.68
OTHER TRANS	78	20,766	58,797.30	2.83	1.498	753.81	4.24
OTHER SERVICES	50	1,060	25,321.06	23.89	.076	506.42	1.83
ACUPUNCTURE	2	8	129.76	16.22	.001	64.88	.01
ADULT DAY HEALTH CARE CTR	0	0	20.30	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	6	18	2,353.25	130.74	.001	392.21	.17
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	198	438	5,316.54	12.14	.032	26.85	.38
PHYSICAL THERAPIST	2	6	92.82	15.47	.000	46.41	.01
PORTABLE X-RAY	5	11	9.06	.82	.001	1.81	.00
PROSTHETIST/ORTHOTISTS	18	60	5,450.24	90.84	.004	302.79	.39
PROSTHETICS	16	28	1,370.95	48.96	.002	85.68	.10
ORTHOTICS	2	32	4,079.29	127.48	.002	2039.65	.29
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	31	115	5,052.21	43.93	.008	162.97	.36
HOSPICE SERVICES	1	4	432.16	108.04	.000	432.16	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	239	15,501	45,176.18	2.91	1.119	189.0	2	3.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	703	69,307	56,039.49	.81	5.001	79.7	1	4.04
@CALIF. CHILDREN SERVICES*	100	1,849	\$ 104,933.68	\$ 56.75	.133	\$ 1049.3	4 \$	7.57
@XOVER EXCLUDING STATE HOSP**	1,938	19,257	\$ 248,882.05	\$ 12.92	1.390	\$ 128.4	2 \$	17.96

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,693
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

COLUSA COUNTY	SUMMARY OF SERV	/ICES FOR MN - NO	SOC	- AGED AID	CODE	: 14 1H 1U					
							M			GE	
1,430 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,125	14,080	\$		\$	31.90	9.846		399.29		
@PHYSICIANS SERVICES	251	687	\$	18,689.58	\$.480	\$	74.46	\$	13.07
OUTPATIENT VISITS	42	58		2,170.47		37.42	.041		51.68		1.52
OFFICE VISITS	37	50		1,675.33		33.51	.035		45.28		1.17
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	5	5		460.94		92.19	.003		92.19		.32
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	2	3		34.20		11.40	.002		17.10		.02
INPATIENT VISITS	9	27		1,300.78		48.18	.019		144.53		.91
HOSPITAL VISITS	9	27		1,300.78		48.18	.019		144.53		.91
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	5		258.20		51.64	.003		64.55		.18
EXAMINATIONS	4	5		258.20		51.64	.003		64.55		.18
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		219.04		219.04	.001		219.04		.15
PRINCIPAL SURGEON	1	1		219.04		219.04	.001		219.04		.15
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	7	14		1,903.68		135.98	.010		271.95		1.33
PRINCIPAL SURGEON	, 6	8		1,781.65		222.71	.006		296.94		1.25
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	6		122.03		20.34	.004		122.03		.00
ANESTHESIOLOGIST		10					.004				.84
DIALYSIS	5 7	25		1,200.16		120.02			240.03		
PATHOLOGY	•			78.18		3.13	.017		11.17		.05
RADIOLOGY	11	21		1,159.67		55.22	.015		105.42		.81
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	2		34.50		17.25	.001		34.50		.02
OTHER SERVICES/ALL X-OVERS	210	524		10,364.90		19.78	.366		49.36		7.25
@PHARMACY	912	6,818	\$	247,890.76	\$		4.768	Ş		Ş	173.35
PRESCRIPTION DRUGS	901	3,294		242,422.92		73.60	2.303		269.06		169.53
SNF/ICF	18	103		3,929.49		38.15	.072		218.31		2.75
OUTPATIENTS	884	3,191		238,493.43		74.74	2.231		269.79		166.78
MEDICAL SUPPLIES	58	3,524		5,467.84		1.55	2.464		94.27		3.82
@DENTIST	37	154	\$		\$	64.54	.108	\$	268.62	\$	6.95
VISITS - DIAGNOSTIC	25	68		857.00		12.60	.048		34.28		.60
ORAL SURGERY	9	44		2,150.00		48.86	.031		238.89		1.50
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.07
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	5	10		435.00		43.50	.007		87.00		.30
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.02

DENTURES, STAYPLATES	10	28	6,367.00	227.39	.020	636.70	4.45
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 1,694
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F	FOR MN - NO SO	C - AGED AID CODE	14 1H 1U	1X		
					MONT	THLY AVERAG	E
1 430 ELIGIBLES	HSERS HNITS	OF SERVICE	EXPENDITIERS AVER	ACE COST	PV&G\PTTMII	COST DER	COST DER

COLUSA COUNTY	SUMMARY OF SERV	/ICES FOR MN - NO	SOC -	AGED AID	COD	E 14 1H 1U	1X			
							MC	NTHLY AVER	AGE	
1 430 ELIGIBLES	IISERS	INITS OF SERVICE		EXPENDITURES	Δ\/	ERAGE COST	IINTTS / DAYS	COST PER)	COST PER
I, 130 EEIGIBEE	OBEILD	OF DAVE OF CAPE			ישת	עמל/חדותוו כ	DED ELIC	TICED	•	ET TOTELE
@ODTOMETD I CT	1.4	OR DAIS OF CARE	ė.	712 E6	رظ ع	16 00	000	Ç EU 02	, ,	EDIGIBLE
@OPIOMEIRISI	1	42	Ş	/13.50	Ą	10.99	.029	\$ 50.97	. P	.50
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		4/.45	.001	4/.45		.03
EYE APPLIANCES	11	31		521.58		16.83	.022	47.42	2	. 36
OTHER OPTOMETRIC SERVICES	4	10		144.53		14.45	.007	36.13	3	.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00) \$.00
VISITS	0	0		.00		.00	.000	.00)	.00
OTHER SERVICES	0	0		.00		.00	.000	.00)	.00
@PODTATRIST	18	2.4	Ś	223.99	Ś	9.33	.017	\$ 12.44	Ś	.16
MEDICINE/INTECTIONS	0	0	т	0.0	т.	0.0	000	0.0)	0.0
SIIDCEDV / ANES	0	0		0.0		00	000	0.00	1	00
DADIO /DATUOLOGY	0	0		.00		.00	.000	.00	, 1	.00
RADIO./PAINOLOGI	1.0	2.4		222.00		0.00	.000	10.44	'	.00
OIHER	18	24		223.99		9.33	.017	12.44	:	. 10
@HOME HEALTH AGENCY	0	0	Ş	.00	Ş	.00	.000	\$.00) Ş	.00
NURSE ANESTHESIST	4	29	\$	149.49	\$	5.15	.020	\$ 37.37	\$.10
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00) \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00) \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00) \$.00
@TOTAL HOSPITAL	245	1,089	\$	62,902.38	\$	57.76	.762	\$ 256.74	\$	43.99
HOSP INPATIENT TOTAL	20	58	•	46 075 08		794 40	041	2303 75	. '	32 22
HSC HOSPITALS	1	3		3 240 00		1080 00	002	3240 00)	2 27
NON_UCC UOCDITAI TOTAI	6	10		3/ 707 13		1826 60	013	5794 53	,	24 27
ACCOMMODATIONS	6	10		10 720 90		1020.09	013	1706 00	,	7 50
ACCOMMODATIONS	0	19		10,720.69		304.20	.013	1/00.02		7.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	Ü	Ü		.00		.00	.000	.00)	.00
ALL OTHER ACCOM	6	19		10,720.89		564.26	.013	1786.82)	7.50
ANCILLARIES	6	0		23,986.24		.00	.000	3997.71		16.77
INPATIENT CROSSOVERS	13	36		8,127.95		225.78	.025	625.23	3	5.68
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00)	.00
HOSP OUTPATIENT TOTAL	239	1,031		16,827.30		16.32	.721	70.41		11.77
MEDICAL	10	21		528.10		25.15	.015	52.81		. 37
SURGERY	5	5		255 71		51 14	003	51 14		1.8
DATHOLOGY	21	9.4		1 066 27		11 34	066	50 77	,	75
PADIOLOGI	1/	7 - 1 7		E64 E0		22 21	012	40.77)	20
RADIOLOGI DOOM LICE	14	1 / 21		1 260 62		60 46	015	90.32		. 39
KOOM OSE	215	072		1,209.03		15.06	.015	90.03	,	. 69
CROSSOVERS/ALL OTH OUTPINT	215	8/3	4	13,143.09	4	15.06	.610	61.13	, 4	9.19
@COUNTY HOSPITAL TOTAL	Ü	Ü	Ş	.00	Ş	.00	.000	\$.00	, ,	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00)	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00)	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00)	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00)	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00)	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00)	.00
ALL OTHER ACCOM	0	0		00		. 00	.000	0.0)	. 00
ANCTITARTES	0	0		00		00	000	0.00		00
TNDALLENA GDOGGOMEDG	0	0		.00		.00	.000	.00	, 1	.00
TINENT CKOSSOVEKS	0	0		.00		.00	.000	.00	,	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00)	.00
COLUSA COUNTY 1,430 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER INPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL										

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	U	U		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MONTH-OF-PA	AYMENT REPO	ORT FOR JAN 2	003 THRU DEC	2003	PAGE 1,695
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC - AGED	AID CC	DDE 14 1H 1U	1X		
						MONT	THLY AVERAC	E
1,430 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENI	DITURES A	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		F	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	245	1,089	\$ 62	,902.38 \$	57.76	.762 \$	256.74	\$ 43.99
COMM HOSP INPATIENT TOTAL	20	58	46	,075.08	794.40	.041	2303.75	32.22
HSC HOSPITALS	1	3	3	,240.00	1080.00	.002	3240.00	2.27
NON-HSC HOSPITALS TOTAL	6	19	34	,707.13	1826.69	.013	5784.52	24.27
ACCOMMODATIONS	6	19	10	,720.89	564.26	.013	1786.82	7.50

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	19		10,720.89		564.26	.013		1786.82		7.50
ANCILLARIES	6	0		23,986.24		.00	.000		3997.71		16.77
INPATIENT CROSSOVERS	13	36		8,127.95		225.78	.025		625.23		5.68
	0	0									
ALL OTHER INPATIENT	-			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	239	1,031		16,827.30		16.32	.721		70.41		11.77
MEDICAL	10	21		528.10		25.15	.015		52.81		.37
SURGERY	5	5		255.71		51.14	.003		51.14		.18
PATHOLOGY	21	94		1,066.27		11.34	.066		50.77		.75
RADIOLOGY	14	17		564.50		33.21	.012		40.32		.39
ROOM USE	14	21		1,269.63		60.46	.015		90.69		.89
CROSSOVERS/ALL OTH OUTPINT	215	873		13,143.09		15.06	.610		61.13		9.19
@STATE HOSPITAL	0	0	\$.00	Ś	.00		\$.00	\$.00
MENTALLY ILL	0	0	т	.00	Υ	.00	.000	~	.00	Ψ.	.00
DEVELOP. DISABLED	Õ	0		.00		.00	.000		.00		.00
@NURSING FACILITY	22	475	\$	62,168.52	\$	130.88	.332	\$	2825.84	\$	43.47
	0	0	Ą	·	Ą			Ą	.00	Ą	
LEV A-INTERMEDIATE	0			.00		.00	.000				.00
LEV B-REHAB MD	-	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	22	475		62,168.52		130.88	.332		2825.84		43.47
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	14	244	\$	8,322.87	\$	34.11	.171	Ś	594.49	Ś	5.82
HOSPITAL BASED	0	0	٧	.00	٧	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	14	244		8,322.87		34.11	.171		594.49		5.82
	0	0	4	•	4			4		4	
@REHABILITATION FACILITY	-		\$.00	Ş	.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	4.	.00		.00	.000		.00	4.	.00
@LABORATORY FACILITY	26	125	\$	1,803.33	\$	14.43	.087	Ş	69.36	Ş	1.26
PATHOLOGY	25	124		1,800.84		14.52	.087		72.03		1.26
XO AND OTHERS	1	1		2.49		2.49	.001		2.49		.00
@ORGANIZED OUTPATIENT CLINIC	188	310	\$	20,212.35	\$	65.20	.217	\$	107.51	\$	14.13
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		395.10		197.55	.001		395.10		.28
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	188	308		19,817.25		64.34	.215		105.41		13.86
#CALIF DEPT OF HEALTH SERV			TIRES M	ONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 1,696
MOP024	FEE-FOR-SERVICE		010110 11		01(1	I OIL OILL	2003 111110		2003	-	01/29/04
COLUSA COUNTY		•	NTO SOC	- AGED AID	CODE	יור ער 11 יו	1 1 V				01/25/04
COLOGA COUNTI	SUMMART OF SERV	VICES FOR FIN - I	NO BOC	- AGED AID	CODE	. 14 111 10		יייזא	HLY AVERA	CE	
1.430 ELIGIBLES	USERS	UNITS OF SERVI	O.E.	EXPENDITURES	7/ 7/ 7/ 7	ים אמני מסמיי					
I,430 ELIGIBLES	USERS	OR DAYS OF CA		EXPENDITURES			' UNITS/DAY				COST PER ELIGIBLE
ONLI OMURR RROUTERRA	107			16 105 03			PER ELIG		USER		
@ALL OTHER PROVIDERS	127	4,083	\$	16,185.03	\$	3.96	2.855		127.44		
DURABLE MED. EQUIP.	3	7		2,039.62		291.37	.005				1.43
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	8		3,382.85		422.86	.006		676.57		2.37
MEDICAL TRANSPORTATION	21	500		3,368.57		6.74	.350		160.41		2.36
AMBULANCES/AIR TRANS	5	37		736.11		19.89	.026		147.22		.51
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	16	463		2,632.46		5.69	.324		164.53		1.84
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING											
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

25	57		840.72		14.75	.040		33.63		.59
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
4	6		913.74		152.29	.004		228.44		.64
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
74	3,505		5,639.53		1.61	2.451		76.21		3.94
0	0	\$.00	\$.00	.000	\$.00	\$.00
432	6,633	\$	50,982.72	\$	7.69	4.638	\$	118.02	\$	35.65
	0 0 0 0 0 0 0 4 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0 \$	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 74 3,505 5,639.53 0 \$.00	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 74 3,505 5,639.53 0 \$.00 \$	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 4 6 913.74 152.29 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 74 3,505 5,639.53 1.61 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0<	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .000 .00 .00 0 0 .00 .00 .000 .000 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,697 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

COLUSA COUNTI	SUMMARI OF SER	VICES FOR MIN - NO SOC -	ритир	AID CODE	2 1		
					MON'	THLY AVERAG	E
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3	7 \$	1,124.84	\$ 160.69	3.500 \$	374.95	\$ 562.42
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	3 \$	262.16	\$ 87.39	1.500 \$	262.16	\$ 131.08
PRESCRIPTION DRUGS	1	3	262.16	87.39	1.500	262.16	131.08
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	262.16	87.39	1.500	262.16	131.08

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPOR	T FOR JAN	2003 THRU DEC	2003	PAGE 1,698
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F	OR MN - NO SOC	- BLIND	AID CODE	24		
					MONT	HLY AVERAGI	₹

							M	ONT	HLY AVERA	AGE	
02 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	2	\$	812.00	\$	406.00	1.000	\$	812.00	\$	406.00
HOSP INPATIENT TOTAL	1	2		812.00		406.00	1.000		812.00		406.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	2		812.00		406.00	1.000		812.00		406.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00		.00	.000	·	.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

						0.0		0.0	0.00		0.0		0.0
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXE	PENDITUR	ES MON	TH-OF-PAYME	NT RE	EPORT	FOR JAN 2	2003 THRU	DEC	2003	Р	AGE 1,699
MOP024	FEE-FOR-SERVICE		_		-		-						01/29/04
	SUMMARY OF SERVI		MN - NO	SOC -	BITND			AID CODE	2.4				
0020011 0001111	Bornman or Beneva	1020 1011	111.		222112			1112 0022	M	ONT	HLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITU	RES	AVER	AGE COST	UNITS/DAY				COST PER
02 221013220	05210	OR DAYS							PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	OIC DIIID	2	\$	812	0.0		406.00	1.000				406.00
COMM HOSP INPATIENT TOTAL	1		2	Υ	812			406.00	1.000	Υ	812.00	~	406.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
	0		0			.00		.00	.000		.00		.00
ANCILLARIES	1		0					406.00					406.00
INPATIENT CROSSOVERS	1		2		812				1.000		812.00		
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	U		0			.00		.00	.000		.00		.00
MEDICAL	U		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	4.		.00	4.	.00	.000	4.	.00	4.	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
LEV B-REGULAR	0		0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0			.00		.00	.000		.00		.00
ICF DD	0		0			.00		.00	.000		.00		.00
TOE DOM/DOOM	0		Λ			$\cap \cap$		0.0	000		0.0		0.0

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED INDEPENDENT FACILITY

@LABORATORY FACILITY

HOSPITAL BASED

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2 \$	50.68	\$ 25.34	1.000 \$	50.68	\$ 25.34
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2	50.68	25.34	1.000	50.68	25.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 1,700
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F	OR MN - NO SOC -	- BLIND	AID CODE	24		
					MON	THLY AVERA	GE
02 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D.	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	1	0 \$	812.00	\$.00	.000 \$	812.00 \$	406.00
0.4 MOMATO TAT MITHOR T TATES ARE STITLE	3 C 3 CED3D3EE	TATE OF 1/3 FT OAT THEAT OATS IT.					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,701 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

COLODA COUNTI	DOMMAKI OF DEK	VICED FOR PIN NO DOC	DISABILED 04 (00 00 00 00			
					MOI	NTHLY AVERA	GE
640 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	527	32,461 \$	403,107.71	\$ 12.42	50.720	\$ 764.91	\$ 629.86
@PHYSICIANS SERVICES	110	871 \$	13,979.20	\$ 16.05	1.361	\$ 127.08	\$ 21.84
OUTPATIENT VISITS	14	20	860.46	43.02	.031	61.46	1.34
OFFICE VISITS	8	10	415.12	41.51	.016	51.89	.65
HOME VISITS	1	1	34.30	34.30	.002	34.30	.05
EMERGENCY ROOM	4	6	331.08	55.18	.009	82.77	.52
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	79.96	26.65	.005	26.65	.12
INPATIENT VISITS	3	52	2,355.00	45.29	.081	785.00	3.68
HOSPITAL VISITS	3	52	2,355.00	45.29	.081	785.00	3.68
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	66.87	33.44	.003	33.44	.10
EXAMINATIONS	2	2	66.87	33.44	.003	33.44	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	32	1,200.36	37.51	.050	600.18	1.88
PRINCIPAL SURGEON	2	6	671.62	111.94	.009	335.81	1.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	26	528.74	20.34	.041	528.74	.83
OUTPATIENT SURGERY	4	21	1,828.02	87.05	.033	457.01	2.86
PRINCIPAL SURGEON	3	8	1,582.56	197.82	.013	527.52	2.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	245.46	18.88	.020	245.46	.38

DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	229		429.92		1.88	.358		214.96		.67
RADIOLOGY	5	71		2,169.92		30.56	.111		433.98		3.39
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	92	444		5,068.65		11.42	.694		55.09		7.92
@PHARMACY	406	2,123	\$	171,599.93	\$	80.83	3.317	\$	422.66	\$	268.12
PRESCRIPTION DRUGS	402	1,571		170,528.43		108.55	2.455		424.20		266.45
SNF/ICF	2	20		1,649.35		82.47	.031		824.68		2.58
OUTPATIENTS	401	1,551		168,879.08		108.88	2.423		421.14		263.87
MEDICAL SUPPLIES	18	552		1,071.50		1.94	.863		59.53		1.67
@DENTIST	21	81	\$	2,939.00	\$	36.28	.127	\$	139.95	\$	4.59
VISITS - DIAGNOSTIC	14	55		603.00		10.96	.086		43.07		.94
ORAL SURGERY	3	7		445.00		63.57	.011		148.33		.70
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.002		100.00		.16
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		.00		.00	.002		.00		.00
RESTORATIVE DENTISTRY	5	6		365.00		60.83	.009		73.00		.57
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	11		1,426.00		129.64	.017		356.50		2.23
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDIT	URES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC :	2003	PI	AGE 1,702
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R MN -	NO SO	C - DISABLED 64	6G 6H	6U 6V 6	X 8G				
							M	ONTH	LY AVERA	GE -	

						M	Γ NO	CHLY AVERA	GE	
640 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	18	\$ 411.04	\$	22.84	.028	\$	51.38	\$.64
DIAGNOSTIC AND ANC. PROCED	3	3	142.35		47.45	.005		47.45		.22
EYE APPLIANCES	5	13	213.23		16.40	.020		42.65		.33
OTHER OPTOMETRIC SERVICES	1	2	55.46		27.73	.003		55.46		.09
@CHIROPRACTOR	3	5	\$ 63.46	\$	12.69	.008	\$	21.15	\$.10
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	3	5	63.46		12.69	.008		21.15		.10
@PODIATRIST	1	1	\$ 21.40	\$	21.40	.002	\$	21.40	\$.03
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	1	21.40		21.40	.002		21.40		.03
@HOME HEALTH AGENCY	5	12	\$ 886.28	\$	73.86	.019	\$	177.26	\$	1.38
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	120	948	\$ 124,537.60	\$	131.37	1.481	\$	1037.81	\$	194.59
HOSP INPATIENT TOTAL	11	148	113,783.37		768.81	.231		10343.94		177.79
HSC HOSPITALS	3	73	85,282.00		1168.25	.114		28427.33		133.25
NON-HSC HOSPITAL TOTAL	1	21	22,390.37		1066.21	.033		22390.37		34.98
ACCOMMODATIONS	1	21	7,007.30		333.68	.033		7007.30		10.95
ADMINISTRATIVE DAYS	1	21	4,857.30		231.30	.033		4857.30		7.59
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	2,150.00		.00	.000		.00		3.36
ANCILLARIES	1	0	15,383.07		.00	.000		15383.07		24.04
INPATIENT CROSSOVERS	8	54	6,111.00		113.17	.084		763.88		9.55
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

116	800	10,754.23	13.44	1.250	92.71	16.80
6	13	500.37	38.49	.020	83.40	.78
3	3	266.51	88.84	.005	88.84	.42
12	55	519.64	9.45	.086	43.30	.81
12	28	1,532.56	54.73	.044	127.71	2.39
19	28	1,392.11	49.72	.044	73.27	2.18
97	673	6,543.04	9.72	1.052	67.45	10.22
1	37	\$ 41,872.37	\$ 1131.69	.058	\$ 41872.37	\$ 65.43
1	37	41,872.37	1131.69	.058	41872.37	65.43
1	16	21,632.00	1352.00	.025	21632.00	33.80
1	21	20,240.37	963.83	.033	20240.37	31.63
1	21	4,857.30	231.30	.033	4857.30	7.59
1	21	4,857.30	231.30	.033	4857.30	7.59
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	0	15,383.07	.00	.000	15383.07	24.04
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND E	EXPENDITURE	ES MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU	DEC 2003	PAGE 1,703
FEE-FOR-SERVICE/DENTAL						01/29/04
SUMMARY OF SERVICES FOR	NO - NM	SOC - DISABLED 64	6G 6H 6U 6V 6			
				M	ONTHLY AVERA	GE
	6 3 12 12 12 19 97 1 1 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0	6 13 3 3 12 55 12 28 19 28 19 28 97 673 1 37 1 37 1 16 1 21 1 21 1 21 1 21 1 21 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 13 500.37 3 3 266.51 12 55 519.64 12 28 1,532.56 19 28 1,392.11 97 673 6,543.04 1 37 \$ 41,872.37 1 37 41,872.37 1 16 21,632.00 1 21 20,240.37 1 21 20,240.37 1 21 4,857.30 0 0 0 .00 0 0 0 0	6 13 3 3 266.51 88.84 12 55 519.64 9.45 12 28 1,532.56 54.73 19 28 1,392.11 49.72 97 673 6,543.04 9.72 1 37 \$ 41,872.37 \$ 1131.69 1 37 \$ 41,872.37 \$ 1131.69 1 16 21,632.00 1352.00 1 21 20,240.37 963.83 1 21 21 4,857.30 231.30 1 21 4,857.30 231.30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 13 500.37 38.49 .020 3 3 266.51 88.84 .005 12 55 519.64 9.45 .086 12 28 1,532.56 54.73 .044 19 28 1,392.11 49.72 .044 97 673 6,543.04 9.72 1.052 1 37 \$41,872.37 \$1131.69 .058 1 37 \$41,872.37 \$1131.69 .058 1 37 \$41,872.37 \$1131.69 .058 1 1 37 44,872.37 1131.69 .058 1 1 21 20,240.37 963.83 .033 1 21 21 4,857.30 231.30 .033 1 21 4,857.30 231.30 .033 1 21 4,857.30 231.30 .033 1 0 0 0 .00 .00 .00 .00 0 0 0 15,383.07 .00 .000 0 0 0 15,383.07 .00 .000 0 0 0 15,383.07 .00 .000 0 0 0 0 .00 .000 .000 0 0 0 .00 .0	6 13 500.37 38.49 .020 83.40 3 266.51 88.84 .005 88.84 122 55 519.64 9.45 .086 43.30 12 28 1,532.56 54.73 .044 127.71 19 28 1,532.56 54.73 .044 73.27 97 673 6,543.04 9.72 1.052 67.45 1 37 \$ 41,872.37 \$1131.69 .058 \$41872.37 1 37 \$41,872.37 1131.69 .058 \$41872.37 1 1 12 20.240.37 963.83 .033 20240.37 1 21 21 20.240.37 963.83 .033 20240.37 1 21 21 20.240.37 963.83 .033 20240.37 1 21 21 4,857.30 231.30 .033 4857.30 1 21 4,857.30 231.30 .033 4857.30 0 0 0 0 .00 .00 .00 .00 .00 .00 .00

640 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVERAGE COST	UNITS/DAY	S (COST PER	СП	COST PER
010 2213222	002110	OR DAYS OF CARE		2111 2112 1 0112 0	PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	120	911	Ġ	82,665.23	\$ 90.74	1.423		688.88	Ś	129.16
COMM HOSP INPATIENT TOTAL	10	111	•	71,911.00	647.85	.173	•	7191.10	•	112.36
HSC HOSPITALS	2	57		63,650.00	1116.67	.089	3	31825.00		99.45
NON-HSC HOSPITALS TOTAL	0	0		2,150.00	.00	.000		.00		3.36
ACCOMMODATIONS	0	0		2,150.00	.00	.000		.00		3.36
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		2,150.00	.00	.000		.00		3.36
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	8	54		6,111.00	113.17	.084		763.88		9.55
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	116	800		10,754.23	13.44	1.250		92.71		16.80
MEDICAL	6	13		500.37	38.49	.020		83.40		.78
SURGERY	3	3		266.51	88.84	.005		88.84		.42
PATHOLOGY	12	55		519.64	9.45	.086		43.30		.81
RADIOLOGY	12	28		1,532.56	54.73	.044		127.71		2.39
ROOM USE	19	28		1,392.11	49.72	.044		73.27		2.18
CROSSOVERS/ALL OTH OUTPINT	97	673		6,543.04	9.72	1.052		67.45		10.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	2	0	\$	5,775.00	\$.00	.000	\$	2887.50	\$	9.02
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	2	0		5,775.00	.00	.000		2887.50		9.02
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	10	3,873.57	\$ 3	387.36	.016	\$	430.40	\$	6.05
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	10	3,873.57	3	387.36	.016		430.40		6.05
@REHABILITATION FACILITY	4	66	1,351.70	\$	20.48	.103	\$	337.93	\$	2.11
HOSPITAL BASED	4	66	1,351.70		20.48	.103		337.93		2.11
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	31	742.02	\$	23.94	.048	\$	74.20	\$	1.16
PATHOLOGY	6	26	714.83		27.49	.041		119.14		1.12
XO AND OTHERS	4	5	27.19		5.44	.008		6.80		.04
@ORGANIZED OUTPATIENT CLINIC	104	184	11,120.99	\$	60.44	.288	\$	106.93	\$	17.38
CLINIC	3	4	386.52		96.63	.006		128.84		.60
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	102	180	10,734.47		59.64	.281		105.24		16.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT I	REPORT F	FOR JAN 2003	3 THRU	DEC	2003	P <i>P</i>	AGE 1,704
MOP024	FEE-FOR-SERVICE/DENTA	L								01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----EXPENDITURES 640 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 115 28,111 65,806.52 \$ 2.34 43.923 \$ 572.23 \$ 102.82 .058 5 37 928.52 6871.05 DURABLE MED. EQUIP. 34,355.24 53.68 .000 BLOOD BANK 0 .00 .00 .00 .00 .006 2 4 1,599.25 399.81 799.63 HEARING AID DISPENSERS 2.50 MEDICAL TRANSPORTATION 13 767 18,506.86 24.13 1.198 1423.60 28.92 AMBULANCES/AIR TRANS 463 8,177.89 17.66 .723 1168.27 12.78 .00 .000
33.98 .475
.00 .000
.00 .000
.00 .000
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12.40 .034
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96.50 .002
96.50 .002
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19.68 .005
.00 .000
11.26 .114
.00 .000 OTHER TRANS 0 .00 .00 .000 .00 0 .00 OTHER SERVICES 10 304 10,328.97 1032.90 16.14 .00 ACUPUNCTURE 0 .00 .00 Λ .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 .00 .00 272.86 27.29 OPTICIAN .43 .00 PHYSICAL THERAPIST .00 .00 PORTABLE X-RAY 0 .00 .00 .00 96.50 .15 PROSTHETIST/ORTHOTISTS 96.50 PROSTHETICS 96.50 96.50 .15 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .00 .00 .00 59.04 59.04 SPEECH AND AUDIOLOGY .09 .00 .00 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS Ω .00 821.98 205.50 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 0 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 .00 10,094.79 .00 PED SUBACUTE REHAB/WEANING 0 .00 .000 .00 27,204 .37 ALL OTHER PROVIDERS 42.506 112.16 15.77 @CALIF. CHILDREN SERVICES* 2 420 216.61 \$.52 .656 \$ 108.31 \$.34 @XOVER EXCLUDING STATE HOSP** 1,857 35,392.31 \$ 19.06 2.902 \$ 177.85 \$ 55.30 199

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,705 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

----- MONTHLY AVERAGE -----

01/29/04

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

29,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,380	64,009	\$ 3,765,340.77	\$ 58.83	2.163	\$ 304.15	\$ 127.23
@PHYSICIANS SERVICES	3,124	8,155	\$ 453,516.77	\$ 55.61	.276	\$ 145.17	\$ 15.32
OUTPATIENT VISITS	2,164	3,000	108,456.01	36.15	.101	50.12	3.66
OFFICE VISITS	1,701	2,329	69,363.89	29.78	.079	40.78	2.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	353	442	22,610.37	51.15	.015	64.05	.76
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	117	156	14,360.88	92.06	.005	122.74	.49
OTHER OUTPATIENT	63	73	2,120.87	29.05	.002	33.66	.07
INPATIENT VISITS	233	1,106	77,984.54	70.51	.037	334.70	2.64
HOSPITAL VISITS	227	798	34,790.14	43.60	.027	153.26	1.18
CRITICAL CARE	25	308	43,194.40	140.24	.010	1727.78	1.46
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	76	95	4,506.35	47.44	.003	59.29	.15

EXAMINATIONS	76	95		4,506.35	47.44	.003		59.29		.15
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	194	674		145,612.90	216.04	.023		750.58		4.92
PRINCIPAL SURGEON	149	184		130,028.41	706.68	.006		872.67		4.39
ASSISTANT SURGEON	28	28		5,176.70	184.88	.001		184.88		.17
ANESTHESIOLOGIST	43	462		10,407.79	22.53	.016		242.04		.35
OUTPATIENT SURGERY	336	786		53,229.96	67.72	.027		158.42		1.80
PRINCIPAL SURGEON	270	381		41,717.08	109.49	.013		154.51		1.41
ASSISTANT SURGEON	10	10		1,376.63	137.66	.000		137.66		.05
ANESTHESIOLOGIST	72	395		10,136.25	25.66	.013		140.78		.34
DIALYSIS	3	14		528.08	37.72	.000		176.03		.02
PATHOLOGY	476	723		5,734.92	7.93	.024		12.05		.19
RADIOLOGY	298	658		28,385.91	43.14	.022		95.25		.96
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	54	114		1,511.44	13.26	.004		27.99		.05
OTHER SERVICES/ALL X-OVERS	391	985		27,566.66	27.99	.033		70.50		.93
@PHARMACY	6,290	17,824	\$	662,006.03	\$ 37.14	.602	\$	105.25	\$	22.37
PRESCRIPTION DRUGS	6,219	13,369	·	645,702.80	48.30	.452	•	103.83		21.82
SNF/ICF	. 0	. 0		.00	.00	.000		.00		.00
OUTPATIENTS	6,219	13,369		645,702.80	48.30	.452		103.83		21.82
MEDICAL SUPPLIES	172	4,455		16,303.23	3.66	.151		94.79		.55
@DENTIST	783	3,664	\$	136,539.50	\$ 37.27	.124	\$	174.38	\$	4.61
VISITS - DIAGNOSTIC	462	2,181	•	30,024.25	13.77	.074		64.99	-	1.01
ORAL SURGERY	96	187		10,420.00	55.72	.006		108.54		.35
DRUGS	19	19		430.00	22.63	.001		22.63		.01
ANESTHESIA	7	7		700.00	100.00	.000		100.00		.02
PERIODONTICS	23	23		3,565.00	155.00	.001		155.00		.12
ENDODONTICS	66	132		14,902.00	112.89	.004		225.79		.50
RESTORATIVE DENTISTRY	315	967		61,888.25	64.00	.033		196.47		2.09
PROSTHETICS	1	1		30.00	30.00	.000		30.00		.00
DENTURES, STAYPLATES	7	14		2,133.00	152.36	.000		304.71		.07
SPACE MAINTAINERS	4	5		360.00	72.00	.000		90.00		.01
MAXILLOFACIAL SERVICES	5	5		242.00	48.40	.000		48.40		.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	95	115		11,470.00	99.74	.004		120.74		.39
ALL OTHER SERVICES	13	8		375.00	46.88	.000		28.85		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPORT FOR JAN	1 2003 THRU	DEC 2	2003	PA	GE 1,706
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V !	54 59 5J 5W-5	SY 6J 7J 7K				
						N	IONTHI	LY AVERA	GE -	
20 FOR BITCIDIES	TICEDC	TINITURE OF CERTITO	To the	EADEMDIAIDEG	ATTED ACE COC	TINTETIC /DAX	c a	משת ההס	~	

29,595 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY PER ELIG	 COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	204	535	\$ 12,729.22	\$ 23.79	.018	\$ 62.40	\$.43
DIAGNOSTIC AND ANC. PROCED	145	147	6,705.68	45.62	.005	46.25	.23
EYE APPLIANCES	141	384	5,924.30	15.43	.013	42.02	.20
OTHER OPTOMETRIC SERVICES	4	4	99.24	24.81	.000	24.81	.00
@CHIROPRACTOR	8	16	\$ 254.98	\$ 15.94	.001	\$ 31.87	\$.01
VISITS	8	16	254.98	15.94	.001	31.87	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	10	20	\$ 300.09	\$ 15.00	.001	\$ 30.01	\$.01
MEDICINE/INJECTIONS	6	7	181.35	25.91	.000	30.23	.01
SURGERY/ANES.	1	2	47.02	23.51	.000	47.02	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	11	71.72	6.52	.000	23.91	.00
@HOME HEALTH AGENCY	98	132	\$ 7,566.19	\$ 57.32	.004	\$ 77.21	\$.26
NURSE ANESTHESIST	73	339	\$ 7,474.00	\$ 22.05	.011	\$ 102.38	\$.25
NURSE MIDWIFE	2	2	\$ 604.76	\$ 302.38	.000	\$ 302.38	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	10	\$ 171.96	\$ 17.20	.000	\$ 42.99	\$.01
@TOTAL HOSPITAL	2,780	10,848	\$ 1,745,613.28	\$ 160.92	.367	\$ 627.92	\$ 58.98

HOSP INPATIENT TOTAL		1,094		1,491,431.41	1363.28	.037	6688.03	50.39
HSC HOSPITALS	36	418		584,122.03	1397.42		16225.61	19.74
NON-HSC HOSPITAL TOTAL	187	670			1351.69		4842.94	30.60
ACCOMMODATIONS	187	670			328.49	.023	1176.95	7.44
ADMINISTRATIVE DAYS		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	187	670		220,088.72	328.49	.023	1176.95	7.44
ANCILLARIES	187	0		685,540.66	.00	.000	3665.99	23.16
INPATIENT CROSSOVERS	2	6		1,680.00	280.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,663	6 0 9,754		254,181.87	26.06	.330	95.45	8.59
MEDICAL	343	491		19,241.92	39.19	.017	56.10	.65
SURGERY	181	197		9,532.02	48.39	.007	52.66	.32
PATHOLOGY	1,534	4,042		42,649.36	10.55	.137	27.80	1.44
RADIOLOGY		1,439		72,054.23	50.07	.049	79.01	2.43
ROOM USE	1,443	1,838		81,688.25	44.44	.062	56.61	2.76
CROSSOVERS/ALL OTH OUTPTNT		1,747		29,016.09	16.61	.059	31.44	.98
@COUNTY HOSPITAL TOTAL	10	59	\$	25,658.48	\$ 434.89		\$ 2565.85	\$.87
CO HOSPITAL INPATIENT TOTAL	2	22	•	24,200.03	1100.00	.001	12100.02	.82
HSC HOSPITALS	2	22			1100.00	.001	12100.02	.82
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	9	37		1,458.45	39.42	.001	162.05	
MEDICAL	1	1		64.00	64.00	.000	64.00	.00
SURGERY	_ 3	- 5		127.95	25.59	.000	42.65	.00
PATHOLOGY	3	9		190.62	21.18	.000	63.54	.01
RADIOLOGY	1	1		143.29	143.29		143.29	.00
ROOM USE	6	11		380.92	34.63	.000	63.49	.01
CROSSOVERS/ALL OTH OUTPTNT	7	10		551.67	55.17	.000	78.81	.02
	MEDI-CAL SERVICES AND E		ES MOI					
	FEE-FOR-SERVICE/DENTAL							01/29/04
	SUMMARY OF SERVICES FOR	ORON-NM	C-FAM	34 39 3N 3T 3V 5	4 59 5J 5W-5Y	6д 7д 7к		01/25/01
3323311 3331111			O 11111	31 37 31 31 37 3	1 00 00 011 01		ONTHLY AVERA	GE
00 505 517675156	TIGEDS INTERS			= = = = =				GOGE DED

29,595 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,771	10,789 \$	1,719,954.80	\$ 159.42	.365	\$ 620.70	\$ 58.12
COMM HOSP INPATIENT TOTAL	222	1,072	1,467,231.38	1368.69	.036	6609.15	49.58
HSC HOSPITALS	34	396	559,922.00	1413.94	.013	16468.29	18.92
NON-HSC HOSPITALS TOTAL	187	670	905,629.38	1351.69	.023	4842.94	30.60
ACCOMMODATIONS	187	670	220,088.72	328.49	.023	1176.95	7.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	187	670	220,088.72	328.49	.023	1176.95	7.44
ANCILLARIES	187	0	685,540.66	.00	.000	3665.99	23.16
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.000	840.00	.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,654	9,717	252,723.42	26.01	.328	95.22	8.54
MEDICAL	342	490	19,177.92	39.14	.017	56.08	.65
SURGERY	178	192	9,404.07	48.98	.006	52.83	.32
PATHOLOGY	1,531	4,033	42,458.74	10.53	.136	27.73	1.43
RADIOLOGY	911	1,438	71,910.94	50.01	.049	78.94	2.43
ROOM USE	1,437	1,827	81,307.33	44.50	.062	56.58	2.75
CROSSOVERS/ALL OTH OUTPINT	916	1,737	28,464.42	16.39	.059	31.07	.96
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ġ	.00	.000	\$.00	Ġ	.00
LEV A-INTERMEDIATE	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	U	0	4	.00	4	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	U	0	Ş	.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	12	136	\$	10,156.74	\$	74.68	.005	\$	846.40	\$.34
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	12	136		10,156.74		74.68	.005		846.40		.34
@REHABILITATION FACILITY	5	21	\$	773.21	\$	36.82	.001	\$	154.64	\$.03
HOSPITAL BASED	4	10		597.44		59.74	.000		149.36		.02
INDEPENDENT FACILITY	1	11		175.77		15.98	.000		175.77		.01
@LABORATORY FACILITY	1,007	3,207	\$	50,192.38	\$	15.65	.108	\$	49.84	\$	1.70
PATHOLOGY	1,007	3,207		50,192.38		15.65	.108		49.84		1.70
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,405	7,005	\$	568,415.57	\$	81.14	.237	\$	129.04	\$	19.21
CLINIC	99	277		10,189.54		36.79	.009		102.92		.34
SURGICENTER	30	194		7,091.38		36.55	.007		236.38		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,294	6,534		551,134.65		84.35	.221		128.35		18.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MO		EPORT			DEC	2003	PP	GE 1,708
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAI	M 34 39 3N 3T 3V	54 59	5J 5W-5Y 6	J 7J 7K				

----- MONTHLY AVERAGE -----29,595 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 12,095 109,026.09 9.01 .409 \$ 115.99 \$ 3.68 @ALL OTHER PROVIDERS DURABLE MED. EQUIP. 43 57 10,847.82 190.31 .002 252.27 .37 0 BLOOD BANK 0 .00 .00 .000 .00 .00 1 1 25.00 .000 25.00 25.00 .00 HEARING AID DISPENSERS 7,795 53,386.69 MEDICAL TRANSPORTATION 144 6.85 .263 370.74 1.80 28,471.31 AMBULANCES/AIR TRANS 138 2,599 10.95 .088 206.31 .96 9,106.42 1.79 2276.61 OTHER TRANS 4 5,093 .172 .31 OTHER SERVICES 10 103 15,808.96 153.49 .003 1580.90 .53 .00 .00 ACUPUNCTURE 0 .00 .000 .00 .000 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 GENETIC DISEASE TESTING 4,412.50 102.62 102.62 43 .001 .15 0 0 .000 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 .00 Ω 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 4,000.93 406 9.85 .014 20.62 OPTICIAN PHYSICAL THERAPIST 1 1 34.84 34.84 .000 34.84 .00 0 0 .00 .00 PORTABLE X-RAY .00 .000 .00 17 30 1,708.19 .001 PROSTHETIST/ORTHOTISTS 56.94 100.48 .06 PROSTHETICS 16 29 1,611.69 55.58 .001 100.73 .05 96.50 ORTHOTICS 1 96.50 96.50 1 .000 .00 PSYCHOLOGIST 0 0 .00 .00 .00 .00 .000 SPEECH AND AUDIOLOGY 13 23 939.39 40.84 .001 72.26 .03 1 HOSPICE SERVICES 34 4,159.22 122.33 .001 4159.22 .14 .00 0 .000 .00 NONINST BIRTHING CENTERS .00 .00 LOCAL EDUCATION AGENCIES 481 2,705 27,920.61 10.32 .091 58.05 .94 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .000 .00 .000 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .00 0 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 ALL OTHER PROVIDERS 9 1,000 1,590.90 1.59 .034 176.77 .05 @CALIF. CHILDREN SERVICES* 119 1,424 \$ 445,030.64 \$ 312.52 .048 \$ 3739.75 \$ 15.04 @XOVER EXCLUDING STATE HOSP** 55 1,071 \$ 13,930.73 \$ 13.01 .036 \$ 253.29 \$.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,709 01/29/04

ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	95 14 MEDI-CAL SERVIC FEE-FOR-SERVICE	115 10 ES AND EXPENDITURES //DENTAL	11,470.00 375.00 MONTH-OF-PAYMENT I	99.74 37.50 REPORT FOR JAN	.004 .000 2003 THRU DE	120.74 26.79 C 2003	.36 .01 PAGE 1,710 01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO S	OC - TOTAL				
					MON	THLY AVERA	GE
31,667 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	226	595 \$	13,853.82	\$ 23.28	.019 \$	61.30	\$.44
DIAGNOSTIC AND ANC. PROCED	149	151	6,895.48	45.67	.005	46.28	.22
EYE APPLIANCES	157	428	6,659.11	15.56	.014	42.41	.21
OTHER OPTOMETRIC SERVICES	9	16	299.23	18.70	.001	33.25	.01
@CHIROPRACTOR	11	21 \$	318.44	\$ 15.16	.001 \$	28.95	\$.01
VISITS	8	16	254.98	15.94	.001	31.87	.01
OTHER SERVICES	3	5	63.46	12.69	.000	21.15	.00
@PODIATRIST	29	45 \$	545.48	\$ 12.12	.001 \$	18.81	\$.02

MEDICINE/INJECTIONS	6	7	181.35	25.91	.000	30.23	.01
SURGERY/ANES.	1	2	47.02	23.51	.000	47.02	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	22	36	317.11	8.81	.001	14.41	.01
QUOME UENITU NCENCV	103				.005		
WIDGE ANDCHURGE	103	260 4	7,602.40	3 30.70	.003		
NURSE ANESTHESIST	/ /	368 \$	7,623.49	\$ 20.72	.012	\$ 99.01	
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	2	2 \$	604.76	\$ 302.38	.000		
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00		.000		
FAMILY NURSE PRACTITIONER	4	10 \$	171.96	\$ 17.20	.000		
@TOTAL HOSPITAL	3,146	12,887 \$	1,933,865.26	\$ 150.06	.407	\$ 614.71	\$ 61.07
HOSP INPATIENT TOTAL	255	1.302	.00 171.96 1,933,865.26 1,652,101.86	1268.90	.041	6478.83	52.17
HGC HOGDITALS	40	494	672,644.03	1361 63	.016	16816.10	21.24
NON UCC HOCDITAL TOTAL	10/	710	962,726.88	1255 05	.022	4962.51	30.40
@HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	194	710	227 016 01	1333.93	.022		
ACCOMMODATIONS	194	/10	237,810.91	334.95	.022	1225.86	
ADMINISTRATIVE DAYS	1	21	4,85/.30	231.30	.001	4857.30	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	193	1,302 494 710 710 21 0 689	232,959.61	338.11	.022	1207.04	7.36
ANCILLARIES	194	0	724,909.97	.00	.000	1207.04 3736.65	22.89
INPATIENT CROSSOVERS	24	98	16,730.95	170.72	.003	697.12	.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATTENT TOTAL	3 018	11 585	281 763 40	24 32	366	93 36	8.90
MEDICAL.	350	525	20 270 39	38 61	017	56 46	.64
CIDCEDV	100	205	10 054 24	40.05	.017	50.40	.32
SURGERI	1 5 6 7	4 101	10,054.24	49.05	.000	1207.04 3736.65 697.12 .00 93.36 56.46 53.20 28.23 79.05 57.15	. 34
PATHOLOGY	1,56/	4,191	44,235.27	10.55	.132	28.23	1.40
RADIOLOGY	938	1,484	74,151.29	49.97	.047	79.05	2.34
ROOM USE	1,476	1,887	84,349.99	44.70	.060	57.15	2.66
CROSSOVERS/ALL OTH OUTPTNT	1,235	3,293	48,702.22	14.79	.104	39.43	1.54
@COUNTY HOSPITAL TOTAL	11	96 \$	67,530.85	\$ 703.45	.003	\$ 6139.17	\$ 2.13
CO HOSPITAL INPATIENT TOTAL	3	59	66,072.40	1119.87	.002	22024.13	2.09
HSC HOSPITALS	3	38	45.832.03	1206.11	.001	15277.34	1.45
NON-HSC HOSPITALS TOTAL	1	21	20 240 37	963 83	.001	20240.37	
ACCOMMODATIONS	1	21	4 857 30	231 30	.001	4857.30	.15
ACCOMMODATIONS	1	21	4 057 30	231.30	.001	4857.30	.15
ADMINISTRATIVE DATS	1	21	4,05/.30	231.30	.001		
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	1	0	15,383.07	\$ 136.00 1268.90 1361.63 1355.95 334.95 231.30 .00 338.11 .00 170.72 .00 24.32 38.61 49.05 10.55 49.97 44.70 14.79 \$ 703.45 119.87 1206.11 963.83 231.30 231.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000	15383.07	.49
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	37	1,458.45	39.42	.001	.00 .00 162.05 64.00 42.65	.05
MEDICAL	1	1	64.00	64.00	.000	64.00	.00
SURGERY	_ 3	_ 5	127 95	25 59	.000	42 65	.00
DATHOLOGV	3	9	190 62	21 18	.000	63.54 143.29	.01
PADIOLOGY	1	1	142 20	142 20	.000	142 20	.00
RADIOLOGI ROOM HEE	1	11	143.29	143.49	.000	143.49	.00
ROOM USE	6	11	380.92	34.63	.000	63.49	.01
CROSSOVERS/ALL OTH OUTPINT	7	10	551.67	55.17		78.81	
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITALS TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT CO HOSP	MEDI-CAL SERVIO	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU I	DEC 2003	
MOP024		-,					01/29/04
MOPU24 COLUSA COUNTY	SUMMARY OF SERV	TICES FOR MN - NO SC	OC - TOTAL				
					MO	ONTHLY AVERA	GE
31,667 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
@COMMUNITY HOSPITAL TOTAL		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,137	12,791 \$	1,866,334.41	\$ 145.91		\$ 594.94	
COMM HOCD INDAPTEME TOTAL	2,137		1 506 020 46			6260 00	

COMM HOSP INPATIENT TOTAL 253 1,243 1,586,029.46 1275.97 .039 6268.89 50.08 37 626,812.00 HSC HOSPITALS 1374.59 16940.86 19.79 456 .014 NON-HSC HOSPITALS TOTAL 193 689 942,486.51 1367.90 .022 4883.35 29.76 193 689 232,959.61 338.11 1207.04 7.36 ACCOMMODATIONS .022 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 .00 .00 1207.04 TRANSITIONAL IP CARE 0 0 .00 .00 .000 232,959.61 193 689 338.11 .022 ALL OTHER ACCOM 193 0 709,526.90 .00 .000 3676.31 22.41 ANCILLARIES

INPATIENT CROSSOVERS	24	98		16,730.95		170.72	.003		697.12		.53
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,009	11,548		280,304.95		24.27	.365		93.16		8.85
MEDICAL	358	524		20,206.39		38.56	.017		56.44		.64
SURGERY	186	200		9,926.29		49.63	.006		53.37		.31
PATHOLOGY	1,564	4,182		44,044.65		10.53	.132		28.16		1.39
RADIOLOGY	937	1,483		74,008.00		49.90	.047		78.98		2.34
ROOM USE	1,470	1,876		83,969.07		44.76	.059		57.12		2.65
CROSSOVERS/ALL OTH OUTPTNT	1,228	3,283		48,150.55		14.67	.104		39.21		1.52
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	475	\$	67,943.52	\$	143.04	.015	\$	2830.98	\$	2.15
LEV A-INTERMEDIATE	0	0	·	.00	•	.00	.000		.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	24	475		67,943.52		143.04	.015		2830.98		2.15
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0	0		.00	•	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	35	390	\$	22,353.18	\$	57.32	.012	\$	638.66	Ś	.71
HOSPITAL BASED	0	0		.00	•	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	35	390		22,353.18		57.32	.012		638.66		.71
@REHABILITATION FACILITY	9	87	\$	2,124.91	\$	24.42	.003	Ś	236.10	Ś	.07
HOSPITAL BASED	8	76	т	1,949.14	-7	25.65	.002	т	243.64	-	.06
INDEPENDENT FACILITY	ĺ	11		175.77		15.98	.000		175.77		.01
@LABORATORY FACILITY	1,043	3,363	\$	52,737.73	\$	15.68	.106	Ś	50.56	Ś	1.67
PATHOLOGY	1,038	3,357	т	52,708.05	-7	15.70	.106	т	50.78	-	1.66
XO AND OTHERS	5	6		29.68		4.95	.000		5.94		.00
@ORGANIZED OUTPATIENT CLINIC	4,698	7,501	\$	599,799.59	\$	79.96	.237	Ś	127.67	Ś	18.94
CLINIC	102	281	τ	10,576.06	τ	37.64	.009	Υ	103.69	Ψ.	.33
SURGICENTER	31	196		7,486.48		38.20	.006		241.50		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,585	7,024		581,737.05		82.82	.222		126.88		18.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MO		EDOR			DEC		DΖ	AGE 1,712
MOP024	FEE-FOR-SERVICE/DI		ICED I'I		DI OIC.	1 1010 01110 200	,5 11110	рцс	2005	1.1	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE		0 500	- TOTAL							01/20/04
3323211 3331111				201111			N	ידאסו	HLY AVERA	GE -	
21 667 BLIGTBIES	HODDO	OE GEDITA	-	EVERNET MILES	70 7 7 7 7				COCH DED		TOOM DED

31,667 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,182	44,289 \$	191,017.64	\$ 4.31	1.399 \$	161.61	\$ 6.03
DURABLE MED. EQUIP.	51	101	47,242.68	467.75	.003	926.33	1.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	13	5,007.10	385.16	.000	625.89	.16
MEDICAL TRANSPORTATION	178	9,062	75,262.12	8.31	.286	422.82	2.38
AMBULANCES/AIR TRANS	150	3,099	37,385.31	12.06	.098	249.24	1.18
OTHER TRANS	4	5,093	9,106.42	1.79	.161	2276.61	.29
OTHER SERVICES	36	870	28,770.39	33.07	.027	799.18	.91
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	43	43	4,412.50	102.62	.001	102.62	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	229	485	5,114.51	10.55	.015	22.33	.16
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	31	1,804.69	58.22	.001	100.26	.06

PROSTHETICS	17	30	1,708.19	56.94	.001	100.48	.05
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	32	1,912.17	59.76	.001	106.23	.06
HOSPICE SERVICES	1	34	4,159.22	122.33	.001	4159.22	.13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	485	2,778	28,742.59	10.35	.088	59.26	.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	173	31,709	17,325.22	.55	1.001	100.15	.55
@CALIF. CHILDREN SERVICES*	121	1,844	\$ 445,247.25	\$ 241.46	.058	\$ 3679.73	\$ 14.06
@XOVER EXCLUDING STATE HOSP**	687	9,561	\$ 101,117.76	\$ 10.58	.302	\$ 147.19	\$ 3.19

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 1,713 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

COLUSA COUNTY	SUMMARY OF SERV	VICES FOR MIN - SOC - AGED		AID	CODE I/	ΤΥ			
						MC			
71 ELIGIBLES	USERS		EXPENDITURES			UNITS/DAYS	3 (COST PER	COST PER
		OR DAYS OF CARE			NIT/DAY			USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	85	952 \$	49,223.00		51.70	13.408			\$ 693.28
@PHYSICIANS SERVICES	18	104 \$	1,760.41	\$	16.93	1.465	\$	97.80	\$ 24.79
OUTPATIENT VISITS	0	0	.00		.00	.000		.00	.00
OFFICE VISITS	0	0	.00		.00	.000		.00	.00
HOME VISITS	0	0	.00		.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00	.00
INPATIENT VISITS	0	0	.00		.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00	.00
CRITICAL CARE	0	0	.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00	.00
EXAMINATIONS	0	0	.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	.00
DIALYSIS	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00
RADIOLOGY	0	0	.00		.00	.000		.00	.00
PSYCHIATRY	0	0	.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	18	104	1,760.41		16.93	1.465		97.80	24.79
@PHARMACY	41	456 \$	13,189.93	\$	28.93	6.423	\$	321.71	\$ 185.77
PRESCRIPTION DRUGS	39	151	13,090.64		86.69	2.127		335.66	184.38
SNF/ICF	7	53	4,468.60		84.31	.746		638.37	62.94
OUTPATIENTS	32	98	8,622.04		87.98	1.380		269.44	121.44
MEDICAL SUPPLIES	2	305	99.29		.33	4.296		49.65	1.40
@DENTIST	5	22 \$	220.00	\$	10.00	.310	\$	44.00	\$ 3.10
VISITS - DIAGNOSTIC	4	8	220.00		27.50	.113		55.00	3.10
ORAL SURGERY	1	12	.00		.00	.169		.00	.00

PRIIGG	0	0		0.0		0.0	0.00		0.0		0.0
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0					.000				
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0									.00
RESTORATIVE DENTISTRY	U	U		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		.00		.00	.028		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT	REPOR'	r for Jan 2	2003 THRU 1	DEC	2003	F	AGE 1,714
MOP024 COLUSA COUNTY	FEE-FOR-SERVICE	/DENTAL ICES FOR MN - SO	C	ACED	7.	ID CODE 17	1 v				01/29/04
COLOSA COUNTI	SUMMARI OF SERV	ICES FOR MIN - SO	C -	AGED	A.	ID CODE I/		רות	THLY AVERA	GE.	
71 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ\//	ERAGE COST			COST PER	ОЦ	COST PER
,1 1110111110	OBERD	OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	5	\$	108.57	\$	21.71	.070		54.29	\$	1.53
DIAGNOSTIC AND ANC. PROCED	0	0	Υ	.00		.00	.000	~	.00	Ψ.	.00
EYE APPLIANCES	1	3		53.11		17.70	.042		53.11		.75
OTHER OPTOMETRIC SERVICES	1	2		55.46		27.73	.028		55.46		.78
@CHIROPRACTOR	0	0	\$.00		.00	.000	\$.00	\$.00
VISITS	0	0	Υ	.00		.00	.000	~	.00	Ψ.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	11	\$	118.56		10.78	.155	\$	39.52	Ś	1.67
MEDICINE/INJECTIONS	0	0	Υ	.00		.00	.000	~	.00	Ψ.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	11		118.56		10.78	.155		39.52		1.67
@HOME HEALTH AGENCY	0	0	Ś	.00		.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00		.00	.000	Š	.00	Š	.00
NURSE MIDWIFE	0	0	Š	.00		.00	.000	Š	.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00		.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Š	.00		.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13	70	Š	2,130.32		30.43	.986	Š	163.87	Š	30.00
HOSP INPATIENT TOTAL	3	12	٧	1,381.85	٧	115.15	.169	Y	460.62	Y	19.46
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
171/CITITAL(IED	0	10		1 201 05			.000		.00		.00

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INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

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ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 1,715
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC -	- AGED	AID CODE 17	1Y		
					MON	THLY AVERAG	SE
71 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE				ושת	R UNIT/DAY	PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	70	\$		2,130.32	\$	30.43	.986		163.87	\$	30.00
COMM HOSP INPATIENT TOTAL	3	12	٧		1,381.85	٧	115.15	.169	٧	460.62	Y	19.46
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	12			1,381.85		115.15	.169		460.62		19.46
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	11	58			748.47		12.90	.817		68.04		10.54
MEDICAL		0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	11	58			748.47		12.90	.817		68.04		10.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•		.00	•	.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	9	254	\$		29,323.52	\$	115.45	3.577	\$	3258.17	\$	413.01
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	9	254			29,323.52		115.45	3.577		3258.17		413.01
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00	4.	.00	.000	4.	.00		.00
@HEMODIALYSIS TOTAL	4	5	\$		1,191.83	\$	238.37	.070	\$	297.96	\$	16.79
HOSPITAL BASED	U	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	4	5			1,191.83		238.37	.070		297.96		16.79
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY @LABORATORY FACILITY	1	1	\$.00 41.60	\$.00 41.60	.014	\$.00 41.60	\$.00 .59
PATHOLOGY	0	0	Ą		.00	Ą	.00	.000	Ą	.00	Ą	.00
XO AND OTHERS	1	1			41.60		41.60	.014		41.60		.59
@ORGANIZED OUTPATIENT CLINIC	9	13	\$		833.71	\$	64.13	.183	\$	92.63	\$	11.74
CLINIC	0	0	٧		.00	٧	.00	.000	٧	.00	Y	.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	13			833.71		64.13	.183		92.63		11.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES :	MONT	H-OF-PAYMENT RE	POR			DEC		I	PAGE 1,716
MOP024	FEE-FOR-SERVICE											01/29/04
COLUSA COUNTY		ICES FOR MN - SO	C -	AGE	D	A:	D CODE 17	1Y				
								M				
71 ELIGIBLES	USERS	UNITS OF SERVICE			EXPENDITURES							
	á	OR DAYS OF CARE			204 55			PER ELIC				ELIGIBLE
@ALL OTHER PROVIDERS	4		\$		304.55	\$				76.14	Ş	
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	U	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OHAMA MILLO	U	U			.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	1	40.00	40.00	.014	40.00	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	10	264.55	26.46	.141	88.18	3.73
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00		\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	39	191	\$ 7,515.73	\$ 39.35	2.690	\$ 192.71	\$ 105.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER CERTIFICES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,717
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 @TOTAL, ALL PROVIDERS .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 OUTPATIENT VISITS .00 .00 .000 0 0 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 RADIOLOGY 0 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN		2003	PAGE 1,718
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F		- BLIND	AID CODE	27		
						HLY AVERAG	GE
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D.	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	Ō	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	Ō	0 \$.00	\$.00	.000 \$.00	\$.00
		· · · · · ·					T

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S	COST PER	_	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0 Ş	.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00			.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00
	0	0		.00		.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	U	0	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 1,719
MOP024	FEE-FOR-SERVICE/						01/29/04
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR MN - SOC - B	BLIND	AID CODE			
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
XO AND OTHERS 0 0 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.00 \$.00 \$.00
CLINIC 0 0 .00 .00 .00 .00	.00
SURGICENTER 0 0 .00 .00 .00 .00	.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00
RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE	1,720
MOP024 FEE-FOR-SERVICE/DENTAL 01	/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27	

						110111		-
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE CIVE	TN AC A CEDARA	TT MOTTAMACHMI TT	V.TMO Mar	• •				

----- MONTHLY AVERAGE -----

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,721 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

0020011 0001111	0011111111 01 011	., _ 0 _ 0 _ 0			 			V -			
								MO	ONTHLY AVER	AGE	
53 ELIGIBLES	USERS	UNITS OF S	SERVICE	3	EXPENDITURES	S P	VERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS (OF CARE	C		E	ER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	70	1	,249	\$	64,266.70) \$	51.45	23.566	\$ 918.10	\$	1212.58
@PHYSICIANS SERVICES	19		92	\$	4,354.20) \$	47.33	1.736	\$ 229.17	\$	82.15
OUTPATIENT VISITS	5		7		275.10)	39.30	.132	55.02		5.19
OFFICE VISITS	2		3		105.00)	35.00	.057	52.50		1.98
HOME VISITS	0		0		.00)	.00	.000	.00		.00
EMERGENCY ROOM	1		1		65.78	3	65.78	.019	65.78		1.24
PREVENTIVE CARE	0		0		.00)	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00)	.00	.000	.00		.00
OTHER OUTPATIENT	2		3		104.32	2	34.77	.057	52.16		1.97
INPATIENT VISITS	3		22		1,018.54	Ŀ	46.30	.415	339.51		19.22
HOSPITAL VISITS	3		22		1,018.54	ŀ	46.30	.415	339.51		19.22
CRITICAL CARE	0		0		.00)	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00)	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00)	.00	.000	.00		.00
EXAMINATIONS	0		0		.00)	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00)	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2		17		1,103.42	2	64.91	.321	551.71		20.82
PRINCIPAL SURGEON	2		3		914.00)	304.67	.057	457.00		17.25

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ADDIDIANT DONGEON	0		,	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	14		189.42		13.53	.264		189.42		3.57
OUTPATIENT SURGERY	4	21	_	1,125.58		53.60	.396		281.40		21.24
PRINCIPAL SURGEON	3	4		824.08		206.02	.075		274.69		15.55
	5	(
ASSISTANT SURGEON	U			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	17	7	301.50		17.74	.321		301.50		5.69
DIALYSIS	0	()	.00		.00	.000		.00		.00
PATHOLOGY	0	(.00		.00	.000		.00		.00
	0										
RADIOLOGY	5	11		244.13		22.19	.208		48.83		4.61
PSYCHIATRY	0	()	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	()	.00		.00	.000		.00		.00
	_										
OTHER SERVICES/ALL X-OVERS	10	14		587.43		41.96	.264		58.74		11.08
@PHARMACY	20	79) \$	14,269.88	\$	180.63	1.491	\$	713.49	\$	269.24
PRESCRIPTION DRUGS	20	79		14,269.88		180.63	1.491		713.49		269.24
SNF/ICF	0	(.00		.00	.000		.00		.00
OUTPATIENTS	20	79)	14,269.88		180.63	1.491		713.49		269.24
MEDICAL SUPPLIES	0	()	.00		.00	.000		.00		.00
@DENTIST	3	40) \$	1,048.00	\$	26.20	.755	¢	349.33	Ġ	19.77
	5				Ą			Ą		Ą	
VISITS - DIAGNOSTIC	2	21		275.00		13.10	.396		137.50		5.19
ORAL SURGERY	2	6	5	197.00		32.83	.113		98.50		3.72
DRUGS	0	()	.00		.00	.000		.00		.00
	0	(
ANESTHESIA	U	Ų	,	.00		.00	.000		.00		.00
PERIODONTICS	1	2	2	.00		.00	.038		.00		.00
ENDODONTICS	0	2)	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1			576.00		64.00	.170		576.00		10.87
	1	3	,								
PROSTHETICS	Ü	C)	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2	2	.00		.00	.038		.00		.00
SPACE MAINTAINERS	Ω	()	.00		.00	.000		.00		.00
	0		, \								
MAXILLOFACIAL SERVICES	Ū	Ų	,	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	()	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	()	. 0.0		. 00	. 000		. 00		. 0.0
ORTHODONTIC SERVICES	0	() 1	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0)		.00		.00	.000	550	.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC	ES AND EXPENDI			EPORT	.00	.000	DEC	.00	Pi	.00 AGE 1,722
ALL OTHER SERVICES	0	ES AND EXPENDI		.00	EPORT	.00	.000	DEC	.00	P	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDI /DENTAL	TURES	.00 MONTH-OF-PAYMENT R		.00 F FOR JAN	.000 2003 THRU	DEC	.00	P	.00 AGE 1,722
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC	ES AND EXPENDI /DENTAL	TURES	.00 MONTH-OF-PAYMENT R		.00	.000 2003 THRU 6Y		2003		.00 AGE 1,722 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDI /DENTAL ICES FOR MN -	TURES	.00 MONTH-OF-PAYMENT R DISABLED AID	CODES	.00 F FOR JAN	.000 2003 THRU 6Y	IONT	.00 2003 HLY AVERA	\GE ·	.00 AGE 1,722 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDI /DENTAL	TURES	.00 MONTH-OF-PAYMENT R	CODES AVE	.00 F FOR JAN S 65 67 6W ERAGE COST	.000 2003 THRU 6Y M UNITS/DAY	IONT	.00 2003 HLY AVERA	\GE ·	.00 AGE 1,722 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDED TO THE TOTAL SECTION OF SERVEN SERV	TURES - SOC -	.00 MONTH-OF-PAYMENT R DISABLED AID	CODES AVE	.00 F FOR JAN S 65 67 6W ERAGE COST	.000 2003 THRU 6Y M UNITS/DAY	IONT	.00 2003 HLY AVERA	GE (.00 AGE 1,722 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDED /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF O	TURES SOC SICE CARE	.00 MONTH-OF-PAYMENT R - DISABLED AID - EXPENDITURES	CODES AVE PEF	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY	.000 2003 THRU 6Y M UNITS/DAY PER ELIG	IONT 'S	.00 2003 HLY AVERA COST PER USER	AGE (.00 AGE 1,722 01/29/04 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDED /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF O	TURES SOC TICE CARE S\$.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11	CODES AVE	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057	IONT 'S	.00 2003 HLY AVERA COST PER USER 26.56	AGE (.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0	ES AND EXPENDED TO THE PROPERTY OF SERVICES OF CO. S. C.	TURES SOC VICE CARE S\$	MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00	CODES AVE PEF	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIC .057 .000	IONT 'S	.00 2003 HLY AVERA COST PER USER 26.56 .00	AGE (.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDED /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF O	TURES SOC VICE CARE S\$.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11	CODES AVE PEF	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057	IONT 'S	.00 2003 HLY AVERA COST PER USER 26.56	AGE (.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF CO ()	TURES SOC TICE CARE \$ \$ \$.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11	CODES AVE PEF	.00 F FOR JAN ERAGE COST R UNIT/DAY 17.70 .00 17.70	.000 2003 THRU 6Y M UNITS/DAY PER ELIC .057 .000 .057	IONT 'S	.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56	AGE (.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERVOR DAYS OF C	TURES SOC TICE CARE \$ ()	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00	CODES AVE PEF	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000	IONT S S \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56	AGE (.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF COMMON	TURES SOC	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00	CODES AVE PEF	.00 F FOR JAN 5 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000	IONT S S \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56	AGE (.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF C	TURES SOC TICE CARE SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00	CODES AVE PEF	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000	IONT S S \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56	AGE (.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF COMMON	TURES SOC TICE CARE SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00	CODES AVE PEF	.00 F FOR JAN 5 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000	IONT S S \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56	AGE (.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF C	TURES SOC TICE CARE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00	CODES AVE PEF \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56 .00 .00	\GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF C	TURES SOC TICE CARE SSOC SOCIO	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00	CODES AVE PEF	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56 .00 .00	\GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF (TURES SOC VICE CARE S S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$.00 F FOR JAN 5 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56 .00 .00	\GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF C	TURES SOC VICE CARE SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00	CODES AVE PEF \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56 .00 .00	\GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0	ES AND EXPENDI /DENTAL ICES FOR MN - UNITS OF SERV OR DAYS OF (TURES SOC STATE CARE SOC SOCIO	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56 .00 .00 .00	\GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDED TO THE PROPERTY OF SERVE OR DAYS OF COMMENTS OF CO	TURES SOC SARE CARE SSOC SSOC SSOC SSOC SSOC SSOC SSOC SSOC	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000 .000	IONT S \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56 .00 .00 .00	\GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0	ES AND EXPENDED TO THE PROPERTY OF SERVE OR DAYS OF COMMENTS OF CO	TURES SOC SARE CARE SSOC SSOC SSOC SSOC SSOC SSOC SSOC SSOC	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE	.00 F FOR JAN ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000 .000	MONT	.00 2003 HLY AVERA COST PER USER 26.56 .00 .00 .00 .00	\GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00 .00 .00 .
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0 0 0 0 0 0 0 0 0 1	ES AND EXPENDED TO THE PROPERTY OF SERVE OR DAYS OF COMMENTS OF CO	TURES SOC SICE CARE SOC	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$.00 F FOR JAN 5 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .000 .000 .000 .000 .000 .000	MONT S \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 .00 .00 .00 .00	\GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDED TO THE PROPERTY OF SERVE OR DAYS OF COMMENTS OF CO	TURES SOC SICE CARE SOC	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE	.00 F FOR JAN ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000 .000	MONT	.00 2003 HLY AVERA COST PER USER 26.56 .00 .00 .00 .00	\GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00 .00 .00 .
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0 0 0 0 0 0 0 0 1 0	ES AND EXPENDIDENTAL ICES FOR MN - UNITS OF SERVOR DAYS OF COMMENTAL (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	TURES SOC - VICE CARE S S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 .17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .000 .000 .000 .000 .000 .000	MONT SS S S S S	.00 2003 HLY AVERA COST PER USER 26.56 .00 .00 .00 .00 .00	4GE ;	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 1 0 0 0 0	ES AND EXPENDIDENTAL ICES FOR MN - UNITS OF SERVOR DAYS OF COMMENTAL () () () () () () () () () () () () ()	TURES SOC TICE CARE S S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$.00 F FOR JAN 5 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .000 .000 .000 .000 .000 .000	IONT TS \$ \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 .00 .00 .00 .00 .00	\$.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0	ES AND EXPENDING TO THE PROPERTY OF SERVICES FOR MN - UNITS OF SERVICES FOR MN - OR DAYS OF COMMENT OF COMME	TURES SOC TICE CARE S S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$.00 F FOR JAN 5 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000 .000	IONT TS \$ \$ \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE : 111	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00 .00 .00 .
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 0 0 0 0 0 0 0 1 0 0 0 0 0 0 0 0 0	ES AND EXPENDING AND EXPENDING AND	TURES SOC TICE LARE S S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$.00 F FOR JAN 5 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000 .000	IONT TS \$ \$ \$ \$ \$ \$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE : 111	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00 .00 .00 .
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ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDED TO THE PROPERTY OF SERVE OR DAYS OF COMMENTS OF SERVE OR DAYS OF COMMENTS	TURES - SOC - VICE CARE - SOC - VICE - SOC -	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$ \$ \$ \$.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000 .000	IONT SS: \$\$\$\$\$\$.00 2003 HLY AVERA COST PER USER 26.56 .00 26.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00 .00 .00 .
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 2 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 35 7	ES AND EXPENDED TO THE PROPERTY OF SERVE OR DAYS OF COMMENTS OF CO	TURES SOC VICE CARE S S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT R DISABLED AID EXPENDITURES 53.11 .00 53.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	CODES AVE PEF \$ \$ \$ \$ \$ \$.00 F FOR JAN 5 65 67 6W ERAGE COST R UNIT/DAY 17.70 .00 17.70 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2003 THRU 6Y M UNITS/DAY PER ELIG .057 .000 .057 .000 .000 .000 .000 .000	IONT SS: \$\$\$\$\$\$.00 2003 HLY AVERA COST PER USER 26.56 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE	.00 AGE 1,722 01/29/04 COST PER ELIGIBLE 1.00 .00 1.00 .00 .00 .00 .00 .00 .00 .

ASSISTANT SURGEON

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ADMINITED ANTICE DAVIG	0	0	0.0	0.0	0.00	0.0	0.0
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5 5	19	11,784.58	620.24	.358	2356.92	222.35
ANCILLARIES	5	0	25,598.30	.00	.000	5119.66	482.99
INPATIENT CROSSOVERS	2	3	1,078.75	359.58	.057	539.38	20.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	31	272	3,606.69	13.26	5.132	116.34	68.05
MEDICAL	10	22	2,028.76	92.22	.415	202.88	38.28
SURGERY	1	1	61.68	61.68	.019	61.68	1.16
PATHOLOGY	10	97	956.33	9.86	1.830	95.63	18.04
RADIOLOGY	5	9	618.17	68.69	.170	123.63	11.66
	8	17					13.82
ROOM USE			732.65	43.10	.321	91.58	
CROSSOVERS/ALL OTH OUTPTNT	21	126	790.90CF		2.377	37.66CR	
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0					
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
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CROSSOVERS/ALL OTH OUTPTNT	MEDI CAI CEDVICI	O AND EXPENDING WO	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MO					PAGE 1,723
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO DENTAL	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	EC 2003	PAGE 1,723 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MO /DENTAL CES FOR MN - SOC - D	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE 6Y MON	EC 2003 NTHLY AVERAG	PAGE 1,723 01/29/04 E
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO /DENTAL ICES FOR MN - SOC - I UNITS OF SERVICE	NTH-OF-PAYMENT RE	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST	2003 THRU DE 6Y MON UNITS/DAYS	EC 2003 NTHLY AVERAG COST PER	PAGE 1,723 01/29/04 E COST PER
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MO DENTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT RE	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY	2003 THRU DI 6Y MOI UNITS/DAYS PER ELIG	EC 2003 JTHLY AVERAG COST PER USER	PAGE 1,723 01/29/04 E COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 294 \$	ONTH-OF-PAYMENT RE	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09	2003 THRU DI 6Y MOI UNITS/DAYS PER ELIG	EC 2003 NTHLY AVERAG COST PER	PAGE 1,723 01/29/04 E COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	ES AND EXPENDITURES MODENTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE	ONTH-OF-PAYMENT REDISABLED AID C	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY	2003 THRU DI 6Y MOI UNITS/DAYS PER ELIG	EC 2003 JTHLY AVERAG COST PER USER	PAGE 1,723 01/29/04 E COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE, FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 294 \$	DISABLED AID C EXPENDITURES 42,068.32 38,461.63	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26	6Y MON UNITS/DAYS PER ELIG 5.547 .415	THLY AVERAGE COST PER USER 1201.95 5494.52	PAGE 1,723 01/29/04 E COST PER ELIGIBLE \$ 793.74 725.69
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0	ONTH-OF-PAYMENT REDISABLED AID CONTROL EXPENDITURES 42,068.32 38,461.63 .00	ODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00	6Y MON UNITS/DAYS PER ELIG 5.547 S .415 .000	EC 2003 NTHLY AVERAGE COST PER USER \$ 1201.95 5494.52 .00	PAGE 1,723 01/29/04 E COST PER ELIGIBLE \$ 793.74 725.69 .00
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19	DISABLED AID C EXPENDITURES 42,068.32 38,461.63 .00 37,382.88	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52	6Y MON UNITS/DAYS PER ELIG 5.547 S .415 .000 .358	EC 2003 NTHLY AVERAGE COST PER USER \$ 1201.95 5494.52 .00 7476.58	PAGE 1,723 01/29/04 E COST PER ELIGIBLE \$ 793.74 725.69 .00 705.34
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 35 7 0 5 5	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19	DISABLED AID C EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58	PORT FOR JAN 2 PODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24	6Y MON UNITS/DAYS PER ELIG 5.547 S .415 .000 .358 .358	THLY AVERAGE COST PER USER 1201.95 5494.52 .00 7476.58 2356.92	PAGE 1,723 01/29/04 E COST PER ELIGIBLE \$ 793.74 725.69 .00 705.34 222.35
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 35 7 0 5 5 0	ES AND EXPENDITURES MODERNAL ICES FOR MN - SOC - I UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 19	DISABLED AID C EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00	PORT FOR JAN 2 PODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00	6Y MON UNITS/DAYS PER ELIG 5.547 S .415 .000 .358 .358 .000	THLY AVERAGE COST PER USER 1201.95 5494.52 .00 7476.58 2356.92 .00	PAGE 1,723 01/29/04 E COST PER ELIGIBLE \$ 793.74 725.69 .00 705.34 222.35 .00
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 35 7 0 5 5 0 0	ES AND EXPENDITURES MODERNAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 19 0 0	DNTH-OF-PAYMENT REDISABLED AID CONTROL AID	PORT FOR JAN 2 PODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00	6Y MON UNITS/DAYS PER ELIG 5.547 415 .000 .358 .358 .000 .000	THLY AVERAGE COST PER USER 1201.95 5494.52 .00 7476.58 2356.92 .00 .00	PAGE 1,723 01/29/04 E COST PER ELIGIBLE \$ 793.74 725.69 .00 705.34 222.35 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 35 7 0 5 5 0 0	ES AND EXPENDITURES MODERNAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 19 0 0 19	DISABLED AID C EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00 .00 11,784.58	PORT FOR JAN 2 PODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00 620.24	6Y MON UNITS/DAYS PER ELIG 5.547 S .415 .000 .358 .358 .000 .000 .358	THLY AVERAGE OST PER USER 1201.95 5494.52 .00 7476.58 2356.92 .00 2356.92	PAGE 1,723 01/29/04 E COST PER ELIGIBLE \$ 793.74 725.69 .00 705.34 222.35 .00 .00
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#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 35 7 0 5 5 0 0 5 2	ES AND EXPENDITURES MODERNAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 19 0 0 19	DISABLED AID C EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00 .00 11,784.58	PORT FOR JAN 2 PODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00 620.24	6Y MON UNITS/DAYS PER ELIG 5.547 S .415 .000 .358 .358 .000 .000 .358	THLY AVERAGE OST PER USER 1201.95 5494.52 .00 7476.58 2356.92 .00 2356.92	PAGE 1,723 01/29/04 E COST PER ELIGIBLE \$ 793.74 725.69 .00 705.34 222.35 .00 .00
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#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 35 7 0 5 5 0 0 5 5 2 0 31 10 1	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 0 0 19 27 272 22 1 97	DISABLED AID CO EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00 .00 11,784.58 25,598.30 1,078.75 .00 3,606.69 2,028.76 61.68 956.33	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00 620.24 .00 359.58 .00 13.26 92.22 61.68 9.86	6Y MON UNITS/DAYS PER ELIG 5.547 S .415 .000 .358 .358 .000 .000 .358 .000 .057 .000 5.132 .415 .019 1.830	EC 2003 NTHLY AVERAGE COST PER USER 5 1201.95 5494.52 .00 7476.58 2356.92 .00 .00 2356.92 5119.66 539.38 .00 116.34 202.88 61.68 95.63	PAGE 1,723 01/29/04 E
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 35 7 0 5 5 0 0 5 5 2 0 31 10 1 10 5	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 19 0 0 272 22 1 97	DISABLED AID CONTH-OF-PAYMENT REDISABLED AID CONTHES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00 .00 11,784.58 25,598.30 1,078.75 .00 3,606.69 2,028.76 61.68 956.33 618.17	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00 620.24 .00 359.58 .00 13.26 92.22 61.68 9.86 68.69	6Y MON UNITS/DAYS PER ELIG 5.547 .415 .000 .358 .358 .000 .000 .358 .000 .057 .000 5.132 .415 .019 1.830 .170	EC 2003 NTHLY AVERAGE COST PER USER \$ 1201.95 5494.52 .00 7476.58 2356.92 .00 .00 2356.92 5119.66 539.38 .00 116.34 202.88 61.68 95.63 123.63	PAGE 1,723 01/29/04 E
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 35 7 0 5 5 0 0 5 5 2 0 31 10 1 10 5 8	ES AND EXPENDITURES MODERTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 0 0 19 0 272 22 1 97 9 17	DISABLED AID C EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00 .00 .11,784.58 .25,598.30 1,078.75 .00 3,606.69 2,028.76 61.68 956.33 618.17 732.65	PORT FOR JAN 2 DODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00 620.24 .00 359.58 .00 13.26 92.22 61.68 9.86 68.69 43.10	6Y MON UNITS/DAYS PER ELIG 5.547 415 .000 .358 .358 .000 .000 .358 .000 .007 .000 5.132 .415 .019 1.830 .170 .321	NTHLY AVERAGE COST PER USER S 1201.95 5494.52 .00 7476.58 2356.92 .00 .00 2356.92 5119.66 539.38 .00 116.34 202.88 61.68 95.63 123.63 91.58	PAGE 1,723 01/29/04 E COST PER ELIGIBLE 793.74 725.69 .00 705.34 222.35 .00 .00 222.35 482.99 20.35 .00 68.05 38.28 1.16 18.04 11.66 13.82
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#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 35 7 0 5 5 0 0 31 10 1 10 5 8 21 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 0 0 19 0 272 22 1 97 9 17 126 0 \$ 0	DISABLED AID CO EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00 .1,784.58 .00 .1,784.58 .25,598.30 1,078.75 .00 3,606.69 2,028.76 61.68 956.33 618.17 732.65 790.90CF .00 .00	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00 620.24 .00 359.58 .00 13.26 92.22 61.68 9.86 68.69 43.10 6.28CR \$.00 .00	6Y MON UNITS/DAYS PER ELIG 5.547 S .415 .000 .358 .358 .000 .000 .358 .000 .000 .358 .000 .000 .358 .000 .000 .358 .000 .000 .358 .000 .000 .358 .000 .000 .358 .000 .000 .358 .000 .000 .358 .000 .000	EC 2003 NTHLY AVERAGE COST PER USER 1201.95 5494.52 .00 7476.58 2356.92 .00 2356.92 5119.66 539.38 .00 116.34 202.88 61.68 95.63 123.63 91.58 37.66CR	PAGE 1,723 01/29/04 E
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 35 7 0 5 5 0 0 31 10 1 10 5 8 21 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 0 0 19 0 272 22 1 97 9 17 126 0 \$ 0 0	DISABLED AID CO EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00 .00 11,784.58 .00 1,078.75 .00 3,606.69 2,028.76 61.68 956.33 618.17 732.65 790.90CF .00 .00 .00	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00 620.24 .00 359.58 .00 13.26 92.22 61.68 9.86 68.69 43.10 6.28CR \$.00 .00 .00	6Y MON UNITS/DAYS PER ELIG 5.547 .415 .000 .358 .358 .000 .000 .358 .000 .000 .358 .000 .057 .000 5.132 .415 .019 1.830 .170 .321 2.377 .000 .000 .000	EC 2003 NTHLY AVERAGE COST PER USER 1201.95 5494.52 .00 7476.58 2356.92 .00 .00 2356.92 5119.66 539.38 .00 116.34 202.88 61.68 95.63 123.63 91.58 37.66CR	PAGE 1,723 01/29/04 E COST PER ELIGIBLE 793.74 725.69 .00 705.34 222.35 .00 .00 222.35 482.99 20.35 .00 68.05 38.28 1.16 18.04 11.66 13.82 14.92CR \$.00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 35 7 0 5 5 0 0 31 10 1 10 5 8 21 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 0 0 19 0 272 22 1 97 9 17 126 0 \$ 0	DISABLED AID CO EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00 .00 11,784.58 25,598.30 1,078.75 .00 3,606.69 2,028.76 61.68 956.33 618.17 732.65 790.90CR .00 .00 .00 .00	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00 620.24 .00 359.58 .00 13.26 92.22 61.68 9.86 68.69 43.10 6.28CR \$.00 .00 \$.00 \$.00 \$.00	6Y MON UNITS/DAYS PER ELIG 5.547 S .415 .000 .358 .358 .000 .000 .358 .000 .000 .358 .000 .001 .358 .000 .000 .358 .000 .000 .358 .000 .000 .358 .000 .000 .057 .000 5.132 .415 .019 1.830 .170 .321 2.377 .000 .321 2.377 .000 .000 .000 .000	EC 2003 NTHLY AVERAGE COST PER USER 1201.95 5494.52 .00 7476.58 2356.92 .00 .00 2356.92 5119.66 539.38 .00 116.34 202.88 61.68 95.63 123.63 91.58 37.66CR .00 .00 .00 .00	PAGE 1,723 01/29/04 E
#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 53 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 35 7 0 5 5 0 0 31 10 1 10 5 8 21 0 0 0 0 0	ES AND EXPENDITURES MODERNTAL ICES FOR MN - SOC - D UNITS OF SERVICE OR DAYS OF CARE 294 \$ 22 0 19 19 0 0 19 0 272 22 1 97 9 17 126 0 \$ 0 0	DISABLED AID CO EXPENDITURES 42,068.32 38,461.63 .00 37,382.88 11,784.58 .00 .00 11,784.58 .00 1,078.75 .00 3,606.69 2,028.76 61.68 956.33 618.17 732.65 790.90CF .00 .00 .00	PORT FOR JAN 2 CODES 65 67 6W AVERAGE COST PER UNIT/DAY \$ 143.09 1748.26 .00 1967.52 620.24 .00 .00 620.24 .00 359.58 .00 13.26 92.22 61.68 9.86 68.69 43.10 6.28CR \$.00 .00 .00	6Y MON UNITS/DAYS PER ELIG 5.547 .415 .000 .358 .358 .000 .000 .358 .000 .000 .358 .000 .057 .000 5.132 .415 .019 1.830 .170 .321 2.377 .000 .000 .000	EC 2003 NTHLY AVERAGE COST PER USER 1201.95 5494.52 .00 7476.58 2356.92 .00 .00 2356.92 5119.66 539.38 .00 116.34 202.88 61.68 95.63 123.63 91.58 37.66CR	PAGE 1,723 01/29/04 E COST PER ELIGIBLE 793.74 725.69 .00 705.34 222.35 .00 .00 222.35 482.99 20.35 .00 68.05 38.28 1.16 18.04 11.66 13.82 14.92CR \$.00 .00 .00

LEV B-REHAB MD	0	0	.00)	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
LEV B-REGULAR	0	0	.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 0 \$.00	.000		
ICF DDH	0	0 5	.00	•	.00	.000	.00	.00
	0	0						
ICF DD	0	_	.00		.00	.000	.00	.00
ICF DDN/DDCN	U	0	.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$		•	.00	.000	•	
HOSPITAL BASED	0	0	.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0 5 \$.00)	.00	.000	.00	.00
@LABORATORY FACILITY	1	5 \$	75.54	4 \$	15.11	.094	\$ 75.54	\$ 1.43
PATHOLOGY	1	5	75.54	4	15.11	.094	75.54	1.43
XO AND OTHERS	0	0	.00)	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	23 \$			34.16	.434		
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
	12	23	785.72		34.16	.434	65.48	
RURAL HEALTH CLINIC								14.82
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2	2003 THRU L	DEC 2003	PAGE 1,724
MOP024	FEE-FOR-SERVICE				65 65 6	·		01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- DISABLED AII) CODES	65 67 6W			
						-	NTHLY AVERA	_
53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	-		UNITS/DAYS		COST PER
		OR DAYS OF CARE				PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	706 \$			1.54	13.321	•	•
DURABLE MED. EQUIP.	1	1	34.00		34.00	.019	34.00	.64
BLOOD BANK	0	0	.00)	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00)	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	122	576.48	3	4.73	2.302	72.06	10.88
AMBULANCES/AIR TRANS	5	11	351.68	3	31.97	.208	70.34	6.64
OTHER TRANS	0	0	.00)	.00	.000	.00	.00
OTHER SERVICES	3	111	224.80)	2.03	2.094	74.93	4.24
ACUPUNCTURE	0	0	.00)	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	0	0	.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
	0	0	.00		.00		.00	.00
PORTABLE X-RAY	0	0				.000		
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00	.00
PROSTHETICS	U	0	.00		.00	.000	.00	.00
ORTHOTICS	U	Ü	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS		0	.00)	.00	.000	.00	.00
	0							
LOCAL EDUCATION AGENCIES	0	0	.00)	.00	.000	.00	.00
	0 0 0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0 0 0 0)				
LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	0 0 0 0	0	.00)	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING	0 0 0 0	0 0 0	.00 .00)))	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0 0 0 0 0 6	0 0 0 0 583	.00 .00 .00 477.4))) 3	.00 .00 .00	.000 .000 .000 11.000	.00 .00 .00 79.57	.00 .00 .00 9.01
LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING	0 0 0 0 0 6 0 20	0 0 0	.00 .00 .00 477.43 .00))) 3) \$.00 .00 .00	.000 .000 .000 11.000 .000	.00 .00 .00	.00 .00 .00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,725 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERAC	BE
102 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	128	1,039	\$	88,600.35	\$ 85.27	10.186	692.19	\$ 868.63
@PHYSICIANS SERVICES	48	367	\$	10,442.62	\$ 28.45	3.598	217.55	\$ 102.38
OUTPATIENT VISITS	18	23		943.76	41.03	.225	52.43	9.25
OFFICE VISITS	16	21		727.60	34.65	.206	45.48	7.13
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		216.16	108.08	.020	108.08	2.12
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	8	37	2,036.51	55.04	.363	254.56	19.97
HOSPITAL VISITS	7	33	1,612.81	48.87	.324	230.40	15.81
CRITICAL CARE	2	4	423.70	105.93	.039	211.85	4.15
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	Ō	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0 5 4	27	1,610.70	59.66	.265	322.14	15.79
PRINCIPAL SURGEON	4	5	1,178.10	235.62	.049	294.53	11.55
ASSISTANT SURGEON	1	1	34.02	34.02	.010	34.02	.33
ANESTHESIOLOGIST	1 2 9 2 2 7	21	398.58	18.98	.206	199.29	3.91
OUTPATIENT SURGERY	9	46	2,060.89	44.80	.451	228.99	20.20
PRINCIPAL SURGEON	2	2	871.70	435.85	.020	435.85	8.55
ASSISTANT SURGEON	2	2	170.51	85.26	.020	85.26	1.67
ANESTHESIOLOGIST	7	42	1,018.68	24.25	.412	145.53	9.99
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	17	365.18	21.48	.167	73.04	3.58
RADIOLOGY	14	55	1,389.47	25.26	.539	99.25	13.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	135	1,218.25	9.02	1.324	243.65	11.94
OTHER SERVICES/ALL X-OVERS	9	27	817.86	30.29	.265	90.87	8.02
@PHARMACY	40	98 \$		\$ 79.09	.961 \$		
PRESCRIPTION DRUGS	37	94	7,544.29	80.26	.922	203.90	73.96
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	37	94	7,544.29	80.26	.922	203.90	73.96
MEDICAL SUPPLIES	3	4	206.65	51.66	.039	68.88	2.03
@DENTIST	10	30 \$		\$ 43.10	.294 \$	129.30	
VISITS - DIAGNOSTIC	5	16	215.00	13.44	.157	43.00	2.11
ORAL SURGERY	2	3	199.00	66.33	.029	99.50	1.95
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.010	200.00	1.96
ENDODONTICS	2	2	590.00	295.00	.020	295.00	5.78
RESTORATIVE DENTISTRY	2	5	89.00	17.80	.049	29.67	.87
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	2	.00	.00	.029	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	-	_	MONTH-OF-PAYMENT R				PAGE 1,726
MOP024	FEE-FOR-SERVICE		MONTH-OF-PAIMENT R	EPORI FOR JAN	ZUUS IHKU DE	2003	01/29/04
			EAMILIEC AID CODE	ED 6D 27			01/29/04
COLUSA COUNTY	SUMMAKI OF SERVI	CES FOR MIN - SOC	- FAMILIES AID CODE	16 20 20	MON'	ייםוזע אזזםיח	CF
102 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MARDAGE COOM	'UNITS/DAYS		COST PER
INS EPIGIDNED	CALCU	OR DAYS OF CARE	FVLFUDIIOKF2	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	OR DAIS OF CARE 4 \$	90.30		.039 \$		
₩\/E + \/\!\!\ + \/\ + \/\ 1		T 3	20.30	U 44.30	ت زرن.	20.30	

						1.10) I V I	11111 11111111	ш	
102 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4 \$	\$ 90.30	\$	22.58	.039	\$	90.30	\$.89
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.010		47.45		.47
EYE APPLIANCES	1	3	42.85		14.28	.029		42.85		.42
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	2	2 \$	\$ 33.44	\$	16.72	.020	\$	16.72	\$.33
VISITS	2	2	33.44		16.72	.020		16.72		.33
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.010	\$	74.86	\$.73
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	Ś	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Š		\$.00	.000		.00		.00
@TOTAL HOSPITAL	44	219	٠ ب			263.41			1311.08	Š	565.56
	6	20	Ą				.196	Ą	8561.29	Ą	
HOSP INPATIENT TOTAL	0			51,367.76		2568.39 .00 2568.39 564.09					503.61
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	6	20		51,367.76		2568.39	.196		8561.29		503.61
ACCOMMODATIONS	6	20		11,281.76		564.09	.196		1880.29		110.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	20		11,281.76		.00 564.09	.196		1880.29		110.61
ANCILLARIES	6	0		40,086.00		.00	.000		6681.00		393.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	39	199		6,319.56		31.76	1.951		162.04		61.96
MEDICAL	12	16		529.48		33.09	.157		44.12		5.19
SURGERY	7	7		549.19		78.46	.069		78.46		5.38
PATHOLOGY	19	76		878.34		11.56	.745		46.23		8.61
RADIOLOGY	18	26		2,268.44		87.25	.255		126.02		22.24
ROOM USE	20	35		1,630.43		46.58	.343		81.52		15.98
CROSSOVERS/ALL OTH OUTPINT		39		463.68		11.89	.382		30.91		4.55
@COUNTY HOSPITAL TOTAL	0	0	\$		\$.00	.000	¢	.00	¢	.00
	· ·		Ÿ		Y		.000	Y		Y	
CO HOSPITAL INPATIENT TOTAL	. 0	0		.00		.00			.00		.00
HSC HOSPITALS	Ü	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	Ô		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
CO HOSP OUTPATIENT TOTAL	0	0									.00
MEDICAL	U	U		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT RI	EPOR			DEC		P	AGE 1,727
MOP024	FEE-FOR-SERVIC										01/29/04
COLUSA COUNTY			- n	FAMILIES AID CODE	5 P	6P 37					01/25/01
COLODA COUNTI	SOMMAKI OF SER	VICES FOR PIN 50		PAMILIES AID CODE	510	010 37	M		CHLY AVERA	CE	
102 ELIGIBLES	HCEDC	INTER OF REDUICE		EADENDIATIOEC	7\ \ 7	ERAGE COST					
102 FFIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE		55 605 20		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	219	\$	57,687.32	\$			Ş	1311.08	Ş	
COMM HOSP INPATIENT TOTAL	6	20		51,367.76		2568.39	.196		8561.29		503.61
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	6	20		51,367.76		2568.39	.196		8561.29		503.61
ACCOMMODATIONS	6	20		11,281.76		564.09	.196		1880.29		110.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	6	20				564.09			1880.29		110.61
ALL OTHER ACCOM	•			11,281.76			.196				
ANCILLARIES	6	0		40,086.00		.00	.000		6681.00		393.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	39	199		6,319.56		31.76	1.951		162.04		61.96
MEDICAL	12	16		529.48		33.09	.157		44.12		5.19

GLIDGEDY	7	7		F40 10		70 46	0.00		70 46		г эо
SURGERY	19	7 76		549.19		78.46	.069		78.46		5.38
PATHOLOGY				878.34		11.56	.745		46.23		8.61
RADIOLOGY	18	26		2,268.44		87.25	.255		126.02		22.24
ROOM USE	20	35		1,630.43		46.58	.343		81.52		15.98
CROSSOVERS/ALL OTH OUTPTNT	15	39		463.68	4.	11.89	.382	4.	30.91		4.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	167	\$	1,963.73	\$	11.76	1.637	\$	981.87	\$	19.25
HOSPITAL BASED	0	0	•	.00	·	.00	.000	•	.00	•	.00
HEMODIALYSIS CENTER	2	167		1,963.73		11.76	1.637		981.87		19.25
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	48	\$	724.82	Ś	15.10	.471	\$	55.76	Ś	7.11
PATHOLOGY	13	48	4	724.82	т.	15.10	.471	т.	55.76	т.	7.11
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	25	39	\$	3,539.54	Ġ	90.76	.382	\$	141.58	\$	34.70
CLINIC	0	0	4	.00	т.	.00	.000	т.	.00	т.	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	25	39		3,539.54		90.76	.382		141.58		34.70
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RI	EPORT			DEC		ÞΖ	AGE 1,728
MOP024	FEE-FOR-SERVICE		ICED I		DI 0101	1010 0111	2005 111110	220	2005		01/29/04
COLUSA COUNTY			OC -	FAMILIES AID CODE	5R 6	R 37					01/20/01
COLODII COOMII	SOLUMINI OF DERLY	TODO TOK PIN D		TILLIEU TILD CODE	510	.10 37	M	חדידו	ATTA VIL	GE -	
102 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	Δ171	RAGE COST	UNITS/DAY	-	COST PER	_	COST PER
TOS ETTGIDED	CMECO	ONTID OF DERVIC		PVERINDITIONED	AVE	WYGE COST	OMITIO/DAI	. (COSI FEK	_	

					1-1014	11111 1 11V 11(11	O LI
102 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10	64 \$	4,999.78	\$ 78.12	.627 \$	499.98	\$ 49.02
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	50	4,810.36	96.21	.490	1202.59	47.16
AMBULANCES/AIR TRANS	4	48	1,210.36	25.22	.471	302.59	11.87
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.020	1800.00	35.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	12	175.02	14.59	.118	35.00	1.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	14.40	7.20	.020	14.40	.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,729
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

COLUSA COUNTY	SUMMARI OF SERV	VICES FOR MIN - SOC -	TOTAL		14017		a =
006 71 767777	11077				MON		-
226 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	000	OR DAYS OF CARE	000 000 05	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	283	3,240 \$	202,090.05	\$ 62.37	14.336 \$		\$ 894.20
@PHYSICIANS SERVICES	85	563 \$	16,557.23	\$ 29.41	2.491 \$		
OUTPATIENT VISITS	23	30	1,218.86	40.63	.133	52.99	5.39
OFFICE VISITS	18	24	832.60	34.69	.106	46.26	3.68
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	281.94	93.98	.013	93.98	1.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	104.32	34.77	.013	52.16	.46
INPATIENT VISITS	11	59	3,055.05	51.78	.261	277.73	13.52
HOSPITAL VISITS	10	55	2,631.35	47.84	.243	263.14	11.64
CRITICAL CARE	2	4	423.70	105.93	.018	211.85	1.87
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	44	2,714.12	61.68	.195	387.73	12.01
PRINCIPAL SURGEON	6	8	2,092.10	261.51	.035	348.68	9.26
ASSISTANT SURGEON	1	1	34.02	34.02	.004	34.02	.15
ANESTHESIOLOGIST	3	35	588.00	16.80	.155	196.00	2.60
OUTPATIENT SURGERY	13	67	3,186.47	47.56	.296	245.11	14.10
PRINCIPAL SURGEON	5	6	1,695.78	282.63	.027	339.16	7.50
ASSISTANT SURGEON	2	2	170.51	85.26	.009	85.26	.75
ANESTHESIOLOGIST	8	59	1,320.18	22.38	.261	165.02	5.84
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	17	365.18	21.48	.075	73.04	1.62
RADIOLOGY	19	66	1,633.60	24.75	.292	85.98	7.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	135	1,218.25	9.02	.597	243.65	5.39
OTHER SERVICES/ALL X-OVERS	3 37	145	3,165.70	21.83	.642	85.56	14.01
@PHARMACY	101	633 \$	35,210.75	\$ 55.63	2.801 \$		
PRESCRIPTION DRUGS	96	324	34,904.81	107.73	1.434	363.59	154.45
SNF/ICF	7	53	4,468.60	84.31	.235	638.37	19.77
OUTPATIENTS	89	271	30,436.21	112.31	1.199	341.98	134.67
MEDICAL SUPPLIES	5	309	30,430.21	.99	1.199	61.19	1.35
@DENTIST	18	92 \$	2,561.00	\$ 27.84	.407 \$		
VISITS - DIAGNOSTIC	10	92 Ş 45	710.00	\$ 27.64 15.78	.199	64.55	3.14
	5	21	396.00	18.86	.199	79.20	
ORAL SURGERY DRUGS	5 0	0			.093	.00	1.75
	0	0	.00	.00			.00
ANESTHESIA	2	3	.00 200.00	.00	.000	.00	.00 .88
PERIODONTICS	2	2		66.67	.013	100.00	
ENDODONTICS	2	∠	590.00	295.00	.009	295.00	2.61

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RESTORATIVE DENTISTRY	4	14	665.00	47.50	.062	166.25	2.94
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4	.00	.00	.018	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	3	.00	.00	.013	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO	NTH-OF-PAYMENT REPO	RT FOR JAN 2	003 THRU DEC	2003	PAGE 1,730
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR MN - SOC - T	'OTAL				
					MONT	THLY AVERAG	E
226 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES A	VERAGE COST	UNITS/DAYS	COST PER	COST PER
	OF	DAYS OF CARE	P	ER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	5	12 \$	251.98 \$	21.00	.053 \$	50.40	\$ 1.11
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.004	47.45	.21

EYE APPLIANCES	4	9		149.07		16.56	.040		37.27		.66
OTHER OPTOMETRIC SERVICES	1	2		55.46		27.73	.009		55.46		.25
@CHIROPRACTOR	2	2	\$	33.44	\$	16.72	.009	Ś	16.72	Ś	.15
VISITS	2	2	т	33.44	т	16.72	.009	т.	16.72	т.	.15
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0							4		4	
@PODIATRIST	3	11	\$	118.56	\$	10.78	.049	Ş	39.52	Ş	.52
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	11		118.56		10.78	.049		39.52		.52
@HOME HEALTH AGENCY	2	8	\$	598.88	\$	74.86		\$	299.44	Ċ	2.65
	0	0	ė.								
NURSE ANESTHESIST			Þ	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000	\$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	92	583	\$	101,885.96	\$	174.76	2.580	\$	1107.46	\$	450.82
HOSP INPATIENT TOTAL	16	54	•	91,211.24	·	1689.10	.239	•	5700.70	•	403.59
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	11	39		88,750.64		2275.66	.173		8068.24		392.70
ACCOMMODATIONS	11	39		23,066.34		591.44	.173		2096.94		102.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	39		23,066.34		591.44	.173		2096.94		102.06
ANCILLARIES	11	0		65,684.30		.00	.000		5971.30		290.64
INPATIENT CROSSOVERS	5	15		2,460.60		164.04	.066		492.12		10.89
	0			,							
ALL OTHER INPATIENT		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	81	529		10,674.72		20.18	2.341		131.79		47.23
MEDICAL	22	38		2,558.24		67.32	.168		116.28		11.32
SURGERY	8	8		610.87		76.36	.035		76.36		2.70
PATHOLOGY	29	173		1,834.67		10.61	.765		63.26		8.12
RADIOLOGY	23	35		2,886.61		82.47	.155		125.50		12.77
ROOM USE	28	52		2,363.08		45.44	.230		84.40		10.46
CROSSOVERS/ALL OTH OUTPTNT	47	223		421.25		1.89	.987		8.96		1.86
			4		4			4		4	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0									.00
TRANSITIONAL IP CARE	-	· ·		()()		0.0	000		0.0		
TRANSITIONAL IP CARE		0		.00		.00	.000		.00		
ALL OBIED ACCOM	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00 .00 .00		.00 .00 .00	.000 .000 .000		.00 .00 .00		.00 .00 .00
	-	0 0 0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00 .00 .00		.00 .00 .00	.000 .000 .000		.00 .00 .00		.00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00 .00 .00		.00 .00 .00	.000 .000 .000		.00 .00 .00		.00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0 0 0 0	0 0 0		.00 .00 .00 .00 .00		.00 .00 .00 .00	.000 .000 .000 .000 .000		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0 0 0 0	0 0 0 0 0		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 0 0 0 0 0	0 0 0 0 0		.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0	0 0 0 0 0 0		.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0	0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0	0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 0 0 0 0 0 0	0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000		.00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	ES M	.00 .00 .00 .00 .00 .00 .00	EPOR'	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	DEC	.00 .00 .00 .00 .00 .00 .00 .00	PI	.00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0	ES M	.00 .00 .00 .00 .00 .00 .00 .00	EPOR'	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	DEC	.00 .00 .00 .00 .00 .00 .00 .00	P <i>i</i>	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 SS AND EXPENDITUR		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	EPOR'	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	DEC	.00 .00 .00 .00 .00 .00 .00 .00	P <i>i</i>	.00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	EPOR'	.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 SS AND EXPENDITUR DENTAL)C - '	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00		.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE -	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 CS AND EXPENDITURE CES FOR MN - SO	DC - '	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AV	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT:	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE -	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 226 ELIGIBLES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 CS AND EXPENDITURE CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE	DC - '	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT:	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 226 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 ES AND EXPENDITURE CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 583	DC - '	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT:	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 226 ELIGIBLES	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 CS AND EXPENDITURE CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE	DC - '	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT:	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 226 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 ES AND EXPENDITURE CES FOR MN - SO UNITS OF SERVICE OR DAYS OF CARE 583	DC - '	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT:	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITALS TOTAL	11	39		88,750.64		2275.66	.173		8068.24		392.70
ACCOMMODATIONS	11 0 0 11 11	39		23,066.34		591.44	.173		2096.94		102.06
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	39		23,066.34		591.44	.173		2096.94		102.06
ANCILLARIES	11	0		65,684.30		.00	.000		5971.30		290.64
INPATIENT CROSSOVERS	5	15		2,460.60		164.04	.066		492.12		10.89
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	81	529		10,674.72		20.18	2.341		131.79		47.23
MEDICAL	22	38		2,558.24		67.32	.168		116.28		11.32
SURGERY	8	8		610.87		76.36	.035		76.36		2.70
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	29	173		1,834.67		10.61	.765		63.26		8.12
RADIOLOGY	23	35		2,886.61		82.47	.155		125.50		12.77
ROOM USE	28	52		2,363.08		45.44	.230		84.40		10.46
CROSSOVERS/ALL OTH OUTPTNT	47	223		421.25		1.89	.987		8.96		1.86
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ġ	.00	\$.00
MENTALLY ILL	0	0	Ų	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY		254	Ċ	29,323.52	\$	115.45	1.124	ė.	3258.17	Ġ	129.75
	9	254	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
TEA W-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-KERAB MU	0	0		.00		.00	.000		.00		.00
LEV B-SUBACULE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACULE HSPIL BASED	0	0									
LEV B-TRANSITIONAL IP CARE	U	•		.00		.00	.000		.00		.00
LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS	9	254	_	29,323.52		115.45	1.124	_	3258.17		129.75
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	172	\$	3,155.56	\$	18.35	.761	\$	525.93	\$	13.96
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	172		3,155.56		18.35	.761		525.93		13.96
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	54	\$	841.96	\$	15.59	.239	\$	56.13	\$	3.73
PATHOLOGY	14	53		800.36		15.10	.235		57.17		3.54
XO AND OTHERS	1	1		41.60		41.60	.004		41.60		.18
@ORGANIZED OUTPATIENT CLINIC	46	75	\$	5,158.97	\$	68.79	.332	\$	112.15	\$	22.83
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	46	75		5,158.97		68.79	.332		112.15		22.83
			RES N	MONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 1,732
MOP024	FEE-FOR-SERVICE				01.1	1011 01111	2005 211110		2005		01/29/04
COLUSA COUNTY		ICES FOR MN - SO)C -	TOTAL							01, 20, 01
0020011 0001111	SSIZIMICE OF DERCY						M	ОИТ	HIY AVERA	GE ·	
226 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVF:	RAGE COST	UNITS/DAY				COST PER
	00210	OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE

					1.101	111111 1 110111111	J-LI
226 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	29	781 \$	6,392.24	\$ 8.18	3.456 \$	220.42	\$ 28.28
DURABLE MED. EQUIP.	1	1	34.00	34.00	.004	34.00	.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	172	5,386.84	31.32	.761	448.90	23.84
AMBULANCES/AIR TRANS	9	59	1,562.04	26.48	.261	173.56	6.91
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	113	3,824.80	33.85	.500	764.96	16.92
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	215.02	16.54	.058	35.84	.95
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	14.40	7.20	.009	14.40	.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	593	741.98	1.25	2.624	82.44	3.28
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	59	459	\$ 8,284.31	\$ 18.05	2.031	\$ 140.41	\$ 36.66

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,733 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

					MON	THLY AVERAGE	:
481 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	486	21,795 \$	1,462,579.84	\$ 67.11	45.312 \$	3009.42 \$	3040.71
@PHYSICIANS SERVICES	64	87 \$	1,165.53	\$ 13.40	.181 \$	18.21 \$	2.42
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	64	87	1,165.53	13.40	.181	18.21	2.42
@PHARMACY	431	3,106 \$	168,505.14	\$ 54.25	6.457 \$	390.96 \$	350.32
PRESCRIPTION DRUGS	431	3,098	168,209.61	54.30	6.441	390.28	349.71

SNF/ICF OUTPATIENTS	429 5	3,066 32	169,541.78 1,332.17CR	55.30 41.63CR	6.374 .067	395.20 266.43CR	352.48 2.77CR
MEDICAL SUPPLIES	5	8	295.53	36.94	.017	59.11	.61
@DENTIST	25	56 \$	6,574.00 \$	117.39	.116 \$	262.96 \$	13.67
VISITS - DIAGNOSTIC	18	22	650.00	29.55	.046	36.11	1.35
ORAL SURGERY	5	22	1,334.00	60.64	.046	266.80	2.77
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	12	4,590.00	382.50	.025	655.71	9.54
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MC	NTH-OF-PAYMENT REPOR	T FOR JAN 20	03 THRU DE	C 2003	PAGE 1,734
MOP024	FEE-FOR-SERVICE/DENT	TAL .					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR MN - LONG TE	RM CARE - AGED	AID CODE 1	3		
					MON	THLY AVERAGE	
481 ELIGIBLES	USERS UNIT	TS OF SERVICE	EXPENDITURES AV	ERAGE COST UI	NITS/DAYS	COST PER	COST PER

481 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
CODMOMPHED TOM	2	OR DAYS OF CARE		150 22		R UNIT/DAY		4	USER	4	ELIGIBLE
@OPTOMETRIST	3	9	\$	159.33	\$	17.70	.019	Ş	53.11	\$.33
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	3	9		159.33		17.70	.019		53.11		.33
OTHER OPTOMETRIC SERVICES	0	0	d	.00	4	.00	.000	4	.00	4	.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	U		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00	4	.00	.000		.00		.00
@PODIATRIST	41	75	\$	433.02	\$	5.77		\$	10.56	\$.90
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	41	75		433.02		5.77	.156		10.56		.90
@HOME HEALTH AGENCY	1	2	\$	8.25	Ş	4.13	.004	\$	8.25	\$.02
NURSE ANESTHESIST	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
@TOTAL HOSPITAL	34	138	\$	5,341.84	\$	38.71	.287	\$	157.11	\$	11.11
HOSP INPATIENT TOTAL	5	9		2,919.15		324.35	.019		583.83		6.07
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	9		2,919.15		324.35	.019		583.83		6.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	31	129		2,422.69		18.78	.268		78.15		5.04
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	31	129		2,422.69		18.78	.268		78.15		5.04
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT 0 0 .000 .00 .00 .00 .00 PAGE 1,735

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV		JES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU DEC	2 2003	PAGE 1,/35
MOP024	FEE-FOR-SERVICE		MEDM CARE ACED	ATD CODE	1.0		01/29/04
COLUSA COUNTY	SUMMARY OF SERV	/ICES FOR MN - LONG	TERM CARE - AGED	AID CODE		TIT 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	10
401					MONT	-	
481 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	2.4	OR DAYS OF CARE	5 241 24	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	138 \$	5,341.84	\$ 38.71	.287 \$	157.11	
COMM HOSP INPATIENT TOTAL	5	9	2,919.15	324.35	.019	583.83	6.07
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	9	2,919.15	324.35	.019	583.83	6.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	31	129	2,422.69	18.78	.268	78.15	5.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	-	129	2,422.69	18.78	.268	78.15	5.04
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0 \$.00	.00	.000 \$.00	.00
	0	0	.00	.00	.000		.00
DEVELOP. DISABLED	429	•	1,248,586.46	\$ 95.59	27.156 \$.00 2910.46	
@NURSING FACILITY LEV A-INTERMEDIATE	429	13,062 \$		\$ 95.59 .00	.000	.00	\$ 2595.81
	-		.00				
LEV B-REHAB MD	32	1,064	113,999.07	107.14	2.212	3562.47	237.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	397	11,998	1,134,587.39	94.56	24.944	2857.90	2358.81
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3 \$	6.15	\$ 2.05	.006 \$	6.15	\$.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	3	6.15	2.05	.006	6.15	.01
@ORGANIZED OUTPATIENT CLINIC	7	14 \$	227.99	\$ 16.29	.029 \$	32.57	\$.47
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00	.00
RURAL HEALTH CLINIC	7	14	227.99		.029		.47
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 1,736
MOP024	FEE-FOR-SERVICE			01(1 1 01(0111)		2005	01/29/04
COLUSA COUNTY		ICES FOR MN - LONG	TERM CARE - ACED	AID CODE	13		01/20/04
COLODA COUNTI	DOMINANT OF BERN	TOLO FOR PIN LONG	THE CARE AGED	AID CODE	MON7	HIV AVEDAG	1E
481 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
101 1111011110	CNECO	OR DAYS OF CARE	TWI TINDII OKEO	PER UNIT/DAY		USER	ELIGIBLE
CALL OFFIED DROLLINGS	0.0	OIL DITTO OF CARE	21 550 12	THE CIVITY DAT	10 000 4	204 (7 6 64

5,243 \$ 31,572.13 \$ 6.02 10.900 \$ 394.65 \$ 65.64

80

@ALL OTHER PROVIDERS

DURABLE MED. EQUIP.	22	66	22,507.88	341.03	.137	1023.09	46.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	11	5,108.73	464.43	.023	729.82	10.62
MEDICAL TRANSPORTATION	29	1,116	2,257.83	2.02	2.320	77.86	4.69
AMBULANCES/AIR TRANS	0	1,110	.00	.00	.000	.00	.00
OTHER TRANS	18	841	1,779.19	2.12	1.748	98.84	3.70
OTHER SERVICES	12	275	478.64	1.74	.572	39.89	1.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	14	189.72	13.55	.029	37.94	.39
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	10	19	15.18	.80	.040	1.52	.03
PROSTHETIST/ORTHOTISTS	1	2	72.38	36.19	.004	72.38	.15
PROSTHETICS	1	2	72.38	36.19	.004	72.38	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	59.03	29.52	.004	59.03	.12
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	4,013	1,361.38	.34	8.343	123.76	2.83
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	159	3,852	\$ 20,947.09	\$ 5.44	8.008	\$ 131.74	\$ 43.55
@XOVER EXCLUDING STATE HOSP**	159	3,852	\$ 20,947.09	\$ 5.44	8.008	\$ 131.74	\$ 43.55

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,737
MOPO24 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DOLLING OF DELLA	TCHO LOIC LIN HOMO I	LIKIT CITICE DELIVE	TITD CODE	23		
				MON'	THLY AVERAGI	E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
		USERS UNITS OF SERVICE	USERS UNITS OF SERVICE OR DAYS OF CARE 0 0 \$.00 0 0 \$.00 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DER UNIT/DAY 0 0 \$.00 \$.00 \$.00 0 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS

A COTOMANIM CUIDOM	0	0		.00		.00	.000		.00		0.0
ASSISTANT SURGEON	0	0									.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	Ü	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	ñ		.00		.00	.000		.00		.00
ALL OTHER SERVICES	Û	ñ		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XDENDTTIIR	ES MONTE		TROUS.			DEC 20		PAGE	1,738
MOP024	FEE-FOR-SERVICE/DENTAL		1.101111	. Or LITTIMENT ICE	11 01(1	200.	, 11110 1	-LC 2(003		/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MNI - TO	NG TEPM	CARE - BLIND		AID CODE 23				01	./25/04
COLUDA COUNTI	SUMMER OF SERVICES FOR	14IIA — IIO	MATERM	CHILL - PLIND		WID CODE 73					

COLODA COUNTI	DOMINANT OF DERIV	ICED FOR	1.111	110 111	IN CARCE DILIN	D	AID CODE	25			
									NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURE	S AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.0	0	.00	.000	.00		.00
EYE APPLIANCES	0		0		.0	0	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.0	0	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
VISITS	0		0		.0	0	.00	.000	.00		.00
OTHER SERVICES	0		0		.0	0	.00	.000	.00		.00
@PODIATRIST	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.0	0	.00	.000	.00		.00
SURGERY/ANES.	0		0		.0	0	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.0	0	.00	.000	.00		.00
OTHER	0		0		.0	0	.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.0	0	.00	.000	.00		.00
HSC HOSPITALS	0		0		.0	0	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.0	0	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.0	0	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.0	0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.0	0	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.0	0	.00	.000	.00		.00
ANCILLARIES	0		0		.0	0	.00	.000	.00		.00

THE ARTES OF COLUMN	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 200	3 THRU DEC	2003	PAGE 1,739
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MN - LONG	TERM CARE - BLIND	AID CODE 23			
					MONTH	ILY AVERAGE	·

					MON:	THLY AVERAGI	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 1,740
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F	OR MN - LONG	TERM CARE - BLIND	AID CODE	23		

COHODII COUNTI	DOMINIMO OF BLICVIC.	DO LOIC LIN HOMO THIC	II CIMCE DELIND	TILD CODE	23		
					MON'	THLY AVERAGE	·
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
®* TOTATO IN TURCE IINEC ADE	CITIENT AC A CEDADAT	E TNEODMATTON TTEM ON	TV:		-	•	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED COLUSA COUNTY AID CODE 63

						MON	ITHLY AVERA	.GE
84 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	83	4,049	\$	283,175.63	\$ 69.94	48.202	3411.75	\$ 3371.14
@PHYSICIANS SERVICES	16	26	\$	563.10	\$ 21.66	.310 \$	35.19	\$ 6.70
OUTPATIENT VISITS	1	1		24.00	24.00	.012	24.00	. 29
OFFICE VISITS	1	1		24.00	24.00	.012	24.00	.29
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

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01/29/04

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	Õ	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	Ŭ		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	7		224.73		32.10	.083		112.37		2.68
PRINCIPAL SURGEON	0	7		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIOLOGIST	2	7		224.73		32.10	.083		112.37		2.68
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	14	18		314.37		17.47	.214		22.46		3.74
@PHARMACY	67	1,330	\$	17,600.13	\$	13.23	15.833	\$	262.69	\$	209.53
PRESCRIPTION DRUGS	67	322		17,014.62		52.84	3.833		253.95		202.56
SNF/ICF	65	317		16,239.35		51.23	3.774		249.84		193.33
OUTPATIENTS	2	5		775.27		155.05	.060		387.64		9.23
MEDICAL SUPPLIES	2	1,008		585.51		.58	12.000		292.76		6.97
@DENTIST	6	38	\$	1,083.00	\$	28.50	.452	\$	180.50	\$	12.89
VISITS - DIAGNOSTIC	6	31		310.00		10.00	.369		51.67		3.69
ORAL SURGERY	1	2		83.00		41.50	.024		83.00		.99
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	4		600.00		150.00	.048		300.00		7.14
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		90.00		90.00	.012		90.00		1.07
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	TIRES	MONTH-OF-PAYMENT R	EPOR'			DEC		P.	AGE 1,742
MOP024	FEE-FOR-SERVICE				010						01/29/04
COLUSA COUNTY			LONG	TERM CARE - DISABL	ED	AID COD	E 63				,, 01
							M	ONTI	HLY AVERA	GE -	
84 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	ΑV	ERAGE COS	T UNITS/DAY				COST PER

84 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST	UNITS/DAY PER ELIG	 COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	10	\$ 170.38	\$ 17.04	.119	\$ 42.60	\$ 2.03
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	4	10	170.38	17.04	.119	42.60	2.03
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	21	\$ 146.19	\$ 6.96	.250	\$ 13.29	\$ 1.74
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	11	21	146.19	6.96	.250	13.29	1.74
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	4	27	\$		\$ 24.01	.321 \$	162.05	\$ 7.72
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	27		648.20	24.01	.321	162.05	7.72
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		50.47	50.47	.012	50.47	.60
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		121.26	60.63	.024	121.26	1.44
CROSSOVERS/ALL OTH OUTPINT	4	24		476.47	19.85	.286	119.12	5.67
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-C	OF-PAYMENT REP	ORT FOR JAN	2003 THRU DEC	2003	PAGE 1,743
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MN - LON	G TERM CA	ARE - DISABLED	AID CODE			
						340370	TTT TT	~ T

0020811 0001111	DOIMERT OF DELLY			 				• •			
								MO1	NTHLY AVERA	GE	
84 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPEND	ITURES	AVERAGE (COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT	/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4		27	\$	648.20	\$ 24.	01	.321	162.05	\$	7.72
COMM HOSP INPATIENT TOTAL	0		0		.00		00	.000	.00		.00
HSC HOSPITALS	0		0		.00		00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		00	.000	.00		.00
ANCILLARIES	0		0		.00		00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4		27		648.20	24.	01	.321	162.05		7.72
MEDICAL	0		0		.00		00	.000	.00		.00
SURGERY	1		1		50.47	50.	47	.012	50.47		.60
PATHOLOGY	0		0		.00		00	.000	.00		.00
RADIOLOGY	0		0		.00		00	.000	.00		.00
ROOM USE	1		2		121.26	60.	63	.024	121.26		1.44

CROSSOVERS/ALL OTH OUTPTNT	4	24		476.47		19.85	.286		119.12		5.67
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	61	1,891	\$	185,513.71	\$	98.10	22.512	\$	3041.21	\$	2208.50
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	61	1,891		185,513.71		98.10	22.512		3041.21		2208.50
@INTERMEDIATE CARE FACILDD	10	399	\$	67,942.75	\$	170.28	4.750	\$	6794.28	\$	808.84
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	1	22		2,834.92		128.86	.262		2834.92		33.75
ICF DDN/DDCN	9	377		65,107.83		172.70	4.488		7234.20		775.09
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	6	\$	231.21	\$	38.54	.071	\$	231.21	\$	2.75
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	6		231.21		38.54	.071		231.21		2.75
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDIT	URES	MONTH-OF-PAYMENT R	EPOR1	r for Jan	2003 THRU	DEC	2003	Ρ	AGE 1,744
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	- MM -	LONG	TERM CARE - DISABL	ED	AID COD					
							M	ONT	HLY AVERA	GE	

					MON	IHLY AVERAC	5E
84 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	22	301 \$	9,276.96	\$ 30.82	3.583 \$	421.68	\$ 110.44
DURABLE MED. EQUIP.	4	30	6,834.05	227.80	.357	1708.51	81.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	211	674.91	3.20	2.512	224.97	8.03
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	72	126.30	1.75	.857	126.30	1.50
OTHER SERVICES	2	139	548.61	3.95	1.655	274.31	6.53
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	76.00	9.50	.095	19.00	.90
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	7	6.65	.95	.083	1.33	.08
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	45	1,685.35	37.45	.536	140.45	20.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	Λ	Λ	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	U	0					
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP*	* 27	207	\$ 1,865.80	\$ 9.01	2.464	\$ 69.10	\$ 22.21
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	INFORMATION IT	TEM ONLY;				
THE AMOUNTS ARE ALREADY II	NCLUDED IN THE APPRO	PRIATE DETAIL L	LINES ABOVE.				
** THESE DATA ARE INCLUDED	IN THE APPROPRIATE I	ETAIL LINES ABO	OVE.				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU D	EC 2003	PAGE 1,745
MOP024	FEE-FOR-SERVICE/DE	INTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE	S FOR MN - LON	NG TERM CARE - FAMIL	IES DISCONTI	NUED		
					MC	NTHLY AVERA	GE
00 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
	,	OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
	(OR DAYS OF CARE		FER ONTI/DA	1 5517 1511.0	ODLIC	
@TOTAL, ALL PROVIDERS	0	OR DAYS OF CARE	\$.00	\$.00		\$.00	\$.00
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	0	OR DAYS OF CARE 0 0	\$.00 \$.00	- '	_		_

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	Û	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	Ü	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	Ô	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
	0	0 \$.000 \$.00	
@DENTIST	0	- 1	.00	\$.00			
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	U	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	Ô	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MOD	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE 1,746
MOP024	FEE-FOR-SERVICE/I						01/29/04
COLUSA COUNTY	SUMMARY OF SERVIO	CES FOR MN - LONG TE	RM CARE - FAMILIE	S DISCONTINU	JED		
					MONTH	LY AVERAGE	·
00 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS C	OST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 0 \$		\$.00	.000 \$.00	
	0	0 Ş 0		•			
VISITS	U	U	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0 8	<u>.</u>	.00	\$.00		\$.00	\$.00
	0		γ		•		•	
MEDICINE/INJECTIONS	Ü	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 8	<u>.</u>	.00	\$.00	.000	\$.00	\$.00
	0		?		•			
NURSE ANESTHESIST	0	0 5	,	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 5		.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 8	r L	.00	\$.00		\$.00	\$.00
	0		?		•		•	•
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ô		.00	.00	.000	.00	.00
	0	0						
TRANSITIONAL IP CARE	Ü	Ü		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
	0	0						
HOSP OUTPATIENT TOTAL	Ü	Ü		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
	0							
ROOM USE	U	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 8	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
ACCOMMODATIONS	U	U		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
	0	0						
ALL OTHER INPATIENT	Ü	Ü		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	Ô	Ô		.00	.00	.000	.00	.00
	0	0			.00	.000	.00	
RADIOLOGY	0	0		.00				.00
ROOM USE	Ü	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MONTH-OF-	PAYMENT RE	PORT FOR JAN	2003 THRU I	DEC 2003	PAGE 1,747
MOP024	FEE-FOR-SERVICE	/DENTAL						01/29/04
		ICES FOR MN - LONG	TERM CARE	· - FAMILIE	S DISCONTIN	וודּר		,,
COLODA COUNTI	BOMMAKI OF BEKV	TCES FOR PIN HOW	J IBINI CAN	LAMILLIE	5 DISCONTIN		אררונוד זו אנונייואר	CE
00 51 16151 56	Hanna							GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	INDITURES				
		OR DAYS OF CARE			PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000		
	0	0		.00				
NON-HSC HOSPITALS TOTAL	U				.00	.000		
ACCOMMODATIONS	Ü	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
TRANSTITONAL IP CARE	U	U		.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	Ů.	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	0	0							
COMM HOSP OUTPATIENT TOTAL	U	U		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0	Ψ	.00	.00	.000	.00	Τ.	.00
DEVELOP. DISABLED	Ŏ	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
	0	0	Ą	.00	•	.000	.00	Ą	.00
LEV A-INTERMEDIATE	0	0			.00				
LEV B-REHAB MD	U	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	-	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	Ů.	0	٧	.00	.00	.000	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
	0	0	Ą	.00	•	.000	.00	Ą	
HOSPITAL BASED	0	0			.00				.00
INDEPENDENT FACILITY	0		4	.00	.00	.000	.00	4	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	U		.00	.00	.000	.00		.00
XO AND OTHERS	0	0	4.	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU I	DEC 2003	PP	GE 1,748
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MN - L	ONG T	ERM CARE - FAMILIE	ES DISCONTIN	IUED			
						MC	ONTHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	C	COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	F	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	τ	.00	.00	.000	.00	Ψ	.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
	0	0							
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		.00
OTHER TRANS	0	U		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00)	.00
PROSTHETICS	0	0	.00	.00	.000	.00)	.00
ORTHOTICS	0	0	.00	.00	.000	.00)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00) \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00) \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,749
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

COLUSA COUNTY	SUMMARY OF SER	VICES FOR MIN - LONG	IERM CARE - IOIAL						
						MON'		_	
565 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	569	25,844 \$	1,745,755.47	\$	67.55	45.742 \$			3089.83
@PHYSICIANS SERVICES	80	113 \$	1,728.63	\$	15.30	.200 \$	21.61	\$	3.06
OUTPATIENT VISITS	1	1	24.00		24.00	.002	24.00		.04
OFFICE VISITS	1	1	24.00		24.00	.002	24.00		.04
HOME VISITS	0	0	.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000	.00		.00
INPATIENT VISITS	0	0	.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000	.00		.00
CRITICAL CARE	0	0	.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00		.00
EXAMINATIONS	0	0	.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00		.00
OUTPATIENT SURGERY	2	7	224.73		32.10	.012	112.37		.40
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	7	224.73		32.10	.012	112.37		.40
DIALYSIS	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
PSYCHIATRY	0	0	.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	78	105	1,479.90		14.09	.186	18.97		2.62
@PHARMACY	498	4,436 \$	186,105.27	\$	41.95	7.851 \$	373.71	\$	329.39
PRESCRIPTION DRUGS	498	3,420	185,224.23		54.16	6.053	371.94		327.83
SNF/ICF	494	3,383	185,781.13		54.92	5.988	376.08		328.82
OUTPATIENTS	7	37	556.90C	3	15.05CR	.065	79.56C	R	.99CR
MEDICAL SUPPLIES	7	1,016	881.04		.87	1.798	125.86		1.56
@DENTIST	31	94 \$	7,657.00	\$	81.46	.166 \$	247.00	\$	13.55

VISITS - DIAGNOSTIC	24	53	960.00	18.11	.094	40.00	1.70
ORAL SURGERY	6	24	1,417.00	59.04	.042	236.17	2.51
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	4	600.00	150.00	.007	300.00	1.06
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	90.00	90.00	.002	90.00	.16
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	12	4,590.00	382.50	.021	655.71	8.12
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 1,750
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04

COLODA COUNTI	BOHNART OF BERV	ICED FOR PIN	LONG	TERM CARE TOTAL			MC	ידות	HLY AVERA	GE -	
565 ELIGIBLES	USERS	UNITS OF SERV	TCE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER
303 111012115	OBLIE	OR DAYS OF CA	-			UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	7	19	\$	329.71	\$	17.35	.034	Ś	47.10	\$.58
DIAGNOSTIC AND ANC. PROCED	0	0	т	.00	т	.00	.000	τ.	.00	Ψ.	.00
EYE APPLIANCES	7	19		329.71		17.35	.034		47.10		.58
OTHER OPTOMETRIC SERVICES	'n	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$		\$.00		\$.00	\$.00
VISITS	0	0	۲	.00	٧	.00	.000	٧	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	52	96	\$		\$	6.03		\$	11.14	\$	1.03
MEDICINE/INJECTIONS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	52	96		579.21		6.03	.170		11.14		1.03
@HOME HEALTH AGENCY	1	2	ب	8.25	ċ.	4.13	.004	\$	8.25	\$.01
	1	0	\$		<u>ب</u>						
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$		\$.00	.000	Ş	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		Ş	.00	\$.00	.000	Ş	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	38	165	\$	5,990.04	\$	36.30	.292	\$	157.63	\$	10.60
HOSP INPATIENT TOTAL	5	9		2,919.15		324.35	.016		583.83		5.17
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	9		2,919.15		324.35	.016		583.83		5.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	35	156		3,070.89		19.69	.276		87.74		5.44
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		50.47		50.47	.002		50.47		.09
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	2		121.26		60.63	.004		121.26		.21
CROSSOVERS/ALL OTH OUTPTNT	35	153		2,899.16		18.95	.271		82.83		5.13
@COUNTY HOSPITAL TOTAL	0	0	\$		\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDI	TURES	MONTH-OF-PAYMENT F	REPORT			DEC		P	AGE 1,751
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MN -	LONG	TERM CARE - TOTAL							

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	ONT	HIY AVERA	GE	
565 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	38	165	\$	5,990.04	\$	36.30	.292	\$	157.63	\$	10.60
COMM HOSP INPATIENT TOTAL	5	9		2,919.15		324.35	.016		583.83		5.17
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	9		2,919.15		324.35	.016		583.83		5.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	35	156		3,070.89		19.69	.276		87.74		5.44
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		50.47		50.47	.002		50.47		.09
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	7	2		121.26		60.63	.004		121.26		.21
CROSSOVERS/ALL OTH OUTPTNT	35	153		2,899.16	4	18.95	.271		82.83		5.13
@STATE HOSPITAL	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	490	· ·	ė.	.00	Ċ	.00	.000	4	.00	۲,	.00
@NURSING FACILITY	490	14,953 0	\$	1,434,100.17	\$	95.91 .00	26.465 .000	\$	2926.74 .00	\$	2538.23 .00
LEV A-INTERMEDIATE LEV B-REHAB MD	32	1,064		.00 113,999.07		107.14	1.883		3562.47		201.77
LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTID BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	458	13,889		1,320,101.10		95.05	24.582		2882.32		2336.46
@INTERMEDIATE CARE FACILDD	10	399	\$	67,942.75	\$	170.28	.706	\$	6794.28	\$	120.25
ICF DDH	0	0	٧	.00	~	.00	.000	٧	.00	~	.00
ICF DD	1	22		2,834.92		128.86	.039		2834.92		5.02
ICF DDN/DDCN	9	377		65,107.83		172.70	.667		7234.20		115.24
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	-	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	6.15	\$	2.05	.005	\$	6.15	\$.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	3		6.15		2.05	.005		6.15		.01
@ORGANIZED OUTPATIENT CLINIC	8	20	\$	459.20	\$	22.96	.035	\$	57.40	\$.81
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	6		231.21		38.54	.011		231.21		.41
HEROIN DETOX CLINIC	Ü	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	14		227.99		16.29	.025	550	32.57		.40
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT RE	EPOR'	I' FOR JAN :	2003 THRU .	DEC	2003	ŀ	PAGE 1,752
MOP024	FEE-FOR-SERVICE		NTCI I	TEDM CADE HOMAI							01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MIN - LO	NG .	TERM CARE - TOTAL			M	∩NTITI	ע כובונע אנודע	C E	
565 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	2/171	TRACE COST	UNITS/DAY			.GE	COST PER
202 ETIGIDIES	CAIGU	OR DAYS OF CARE		FVERNDIIOKĘD			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	102	5,544	\$	40,849.09	\$	7.37	9.812		400.48	\$	
DURABLE MED. EQUIP.	26	96	Y	29,341.93	Y	305.65	.170	Y	1128.54	Y	51.93
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	7	11		5,108.73		464.43	.019		729.82		9.04
MEDICAL TRANSPORTATION	32	1,327		2,932.74		2.21	2.349		91.65		5.19
	- -	- , - - :		-,							

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	19	913	1,905.49	2.09	1.616	100.29	3.37
OTHER SERVICES	14	414	1,027.25	2.48	.733	73.38	1.82
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	22	265.72	12.08	.039	29.52	.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	15	26	21.83	.84	.046	1.46	.04
PROSTHETIST/ORTHOTISTS	1	2	72.38	36.19	.004	72.38	.13
PROSTHETICS	1	2	72.38	36.19	.004	72.38	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	47	1,744.38	37.11	.083	134.18	3.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	4,013	1,361.38	.34	7.103	123.76	2.41
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	186	4,059	\$ 22,812.89	\$ 5.62	7.184	\$ 122.65	\$ 40.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,753
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1,982 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,696 36,827 \$ 1,961,003.70 53.25 18.581 \$ 1156.25 \$ 989.41 Ś @PHYSICIANS SERVICES 333 878 21,615.52 24.62 .443 \$ 64.91 \$ 10.91 42 58 37.42 51.68 OUTPATIENT VISITS 2,170.47 .029 1.10 .025 OFFICE VISITS 37 50 1,675.33 33.51 45.28 .85 .00 HOME VISITS 0 0 .00 .000 .00 .00 5 .003 92.19 EMERGENCY ROOM 460.94 92.19 . 23 .00 PREVENTIVE CARE 0 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 11.40 OTHER OUTPATIENT 3 34.20 .002 17.10 .02 INPATIENT VISITS 27 1,300.78 48.18 .014 144.53 .66 27 HOSPITAL VISITS 1,300.78 48.18 .014 144.53 .66 Ο .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES 258.20 51.64 .003 64.55 .13 258.20 51.64 64.55 EXAMINATIONS .003 .13 SERVICES AND MATERIALS 0 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 219.04 219.04 .001 219.04 .11 219.04 219.04 219.04 PRINCIPAL SURGEON .001 .11 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 **OUTPATIENT SURGERY** 14 1,903.68 135.98 .007 271.95 .96 1,781.65 222.71 .004 296.94 PRINCIPAL SURGEON ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 122.03 ANESTHESIOLOGIST 6 20.34 .003 122.03 .06 1.0 1,200.16 120.02 .005 240.03 DIALYSIS .61 PATHOLOGY 25 78.18 3.13 .013 11.17 .04

RADIOLOGY	11	21		1,159.67		55.22	.011		105.42		.59
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	2		34.50		17.25	.001		34.50		.02
OTHER SERVICES/ALL X-OVERS	292	715		13,290.84		18.59	.361		45.52		6.71
@PHARMACY	1,384	10,380	\$	429,585.83	\$	41.39	5.237	\$	310.39	\$	216.74
PRESCRIPTION DRUGS	1,371	6,543		423,723.17		64.76	3.301		309.06		213.79
SNF/ICF	454	3,222		177,939.87		55.23	1.626		391.94		89.78
OUTPATIENTS	921	3,321		245,783.30		74.01	1.676		266.87		124.01
MEDICAL SUPPLIES	65	3,837		5,862.66		1.53	1.936		90.19		2.96
@DENTIST	67	232	\$	16,733.00	\$	72.13	.117	\$	249.75	\$	8.44
VISITS - DIAGNOSTIC	47	98		1,727.00		17.62	.049		36.74		.87
ORAL SURGERY	15	78		3,484.00		44.67	.039		232.27		1.76
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.05
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	5	10		435.00		43.50	.005		87.00		.22
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.02
DENTURES, STAYPLATES	18	42		10,957.00		260.88	.021		608.72		5.53
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	2		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	ES MONTH-	-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC 2	2003	PF	AGE 1,754
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MEDICALI	LY NEEDY	- AGED							
							M	ONTHI	LY AWERA	GE -	

						MO	TNC	HLY AVERA	GE	
1,982 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	19	56	\$ 981.46	\$	17.53	.028	\$	51.66	\$.50
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.001		47.45		.02
EYE APPLIANCES	15	43	734.02		17.07	.022		48.93		.37
OTHER OPTOMETRIC SERVICES	5	12	199.99		16.67	.006		40.00		.10
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	62	110	\$ 775.57	\$	7.05	.055	\$	12.51	\$.39
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	62	110	775.57		7.05	.055		12.51		.39
@HOME HEALTH AGENCY	1	2	\$ 8.25	\$	4.13	.001	\$	8.25	\$.00
NURSE ANESTHESIST	4	29	\$ 149.49	\$	5.15	.015	\$	37.37	\$.08
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000		.00	\$.00
@TOTAL HOSPITAL	292	1,297	\$ 70,374.54		54.26	.654	\$		\$	
HOSP INPATIENT TOTAL	28	79	50,376.08		637.67	.040		1799.15		25.42
HSC HOSPITALS	1	3	3,240.00		1080.00	.002		3240.00		1.63
NON-HSC HOSPITAL TOTAL	6	19	34,707.13			.010		5784.52		17.51
ACCOMMODATIONS	6	19	10,720.89		564.26	.010		1786.82		5.41
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	19	10,720.89			.010		1786.82		5.41
ANCILLARIES	6	0	23,986.24		.00	.000		3997.71		
INPATIENT CROSSOVERS	21	57	12,428.95			.029		591.85		6.27
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	281	1,218	19,998.46			.615				10.09
MEDICAL	10	21	528.10		25.15	.011		52.81		.27

SURGERY	5	5	255.71	51.14	.003	51.14	.13
PATHOLOGY	21	94	1,066.27	11.34	.047	50.77	.54
RADIOLOGY	14	17	564.50	33.21	.009	40.32	.28
ROOM USE	14	21	1,269.63	60.46	.011	90.69	.64
CROSSOVERS/ALL OTH OUTPTNT	257	1,060	16,314.25	15.39	.535	63.48	8.23
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2003 THRU DI	EC 2003	PAGE 1,755
MOP024	FEE-FOR-SERVICE/DEN	JTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - AGED				
					MOI	NTHLY AVERAG	F

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - AGED					01,20,01
					MONT	THIY AVERA	GE -	
0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT 0STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED 0NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-REGULAR 0INTERMEDIATE CARE FACILDD ICF DDH ICF DDD	HSERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTS/DAYS			COST PER
1,302 111012110	05216	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMINITY HOSPITAL TOTAL	292	1 297 \$	70 374 54	\$ 54 26	654 S	241.01		
COMM HOSP INPATIENT TOTAL	28	79	50 376 08	637 67	.040	1799.15	Υ	25 42
HSC HOSPITALS	1	, 3	3 240 00	1080 00	.002	1799.15 3240.00 5784.52 1786.82		1 63
NON-HEC HOSDITALS TOTAL	6	1 9	34 707 13	1826 69	.010	5784 52		17 51
ACCOMMODATIONS	6	10	10 720 89	564 26	.010	1786 82		5 /11
ACCOMMODATIONS ADMINITCEDATIVE DAVC	0	19	10,720.09	00	.010	1700.02		0.41
TRANCITIONAL TO CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	10	10 720 00	.00 564 26	.000	1706 00		.00 E //1
ALL OIDER ACCOM	6	19	22 096 24	004.20	.010	2007 71		12 10
ANCILLARIES	21	U E7	23,900.24 12,420.0E	210 05	.000	3997.71 E01 0E		6 27
INPALLENT CROSSOVERS	21	5 /	12,420.95	210.05	.029	391.63		0.27
ALL UIRER INPAILENT	0	1 010	10 000 46	16.40	.000	71 17		10.00
COMM HOSP OUTPATIENT TOTAL	281	1,218	19,998.46	16.42	.615	/1.1/		10.09
MEDICAL	10	21	528.10	25.15	.011	52.8I		.27
SURGERY	5	5	255./1	51.14	.003	51.14		.13
PATHOLOGY	21	94	1,066.27	11.34	.04/	50.77		.54
RADIOLOGY	14	17	564.50	33.21	.010 .000 .000 .010 .000 .029 .000 .615 .011 .003 .047 .009 .011 .535	40.32		.28
ROOM USE	14	21	1,269.63	60.46	.011	90.69		.64
CROSSOVERS/ALL OTH OUTPTNT	257	1,060	16,314.25	15.39	.535	63.48		8.23
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	460	13,791 \$	1,340,078.50	\$ 97.17	6.958 \$	2913.21		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	32	1,064	113,999.07	107.14	.537	3562.47 .00		57.52
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	428	12,727	1,226,079.43	96.34	6.421	2864.67		618.61
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	18	249 \$	9,514.70	\$ 38.21	.126 \$	528.59	\$	4.80
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	18	249	9,514.70	38.21	.126	528.59		4.80
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000			.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	28	129 \$	1,851.08	\$ 14.35	.065 \$		\$.93
PATHOLOGY	25	124	1,800.84	14.52	.063	72.03	•	.91
XO AND OTHERS	3	5	50.24	10.05	.003	16.75		.03
@ORGANIZED OUTPATIENT CLINIC	204	337 \$	21,274.05		.170 \$		Ś	10.73
CLINIC	0	0	00	00.10	.000			.00
SURGICENTER	1	249 0 \$ 0 \$ 0 0 129 \$ 124 5 337 \$ 0 2	395 10	.00 197.55	.001	395.10		.20
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	204	335	20,878.95	62.33	.169	102.35		10.53
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					ÞΙ	AGE 1,756
"CILLI DILI OI IIIIIIII DERV	CILL DIRVIC	LC 124D DAI DIADITORED	TIOTATI OF THE PROPERTY	LICKI IOK OAN	2005 IIIIO DEC	2003		1,750

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MO	NTHLY AVERAC	GE
1,982 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	211	9,337 \$	48,061.71	\$ 5.15	4.711	\$ 227.78	\$ 24.25
DURABLE MED. EQUIP.	25	73	24,547.50	336.27	.037	981.90	12.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	19	8,491.58	446.93	.010	707.63	4.28
MEDICAL TRANSPORTATION	50	1,616	5,626.40	3.48	.815	112.53	2.84
AMBULANCES/AIR TRANS	5	37	736.11	19.89	.019	147.22	.37
OTHER TRANS	18	841	1,779.19	2.12	.424	98.84	.90
OTHER SERVICES	28	738	3,111.10	4.22	.372	111.11	1.57
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	31	72	1,070.44	14.87	.036	34.53	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	10	19	15.18	.80	.010	1.52	.01
PROSTHETIST/ORTHOTISTS	1	2	72.38	36.19	.001	72.38	.04
PROSTHETICS	1	2	72.38	36.19	.001	72.38	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	5	8	972.77	121.60	.004	194.55	.49
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	88	7,528	7,265.46	.97	3.798	82.56	3.67
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	630	10,676 \$	79,445.54	\$ 7.44	5.386	\$ 126.10	\$ 40.08
* TOTAL IN THESE TIMES ADD CIVI	מערשט ע טע זעם	אים דאריים אואים ביים או	/ ONT W				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,757
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 374.95 \$ 562.42 @TOTAL, ALL PROVIDERS 3 1,124.84 \$ 160.69 3.500 \$ Ω .00 .00 .000 \$.00 \$.00 @PHYSICIANS SERVICES .00 .00 .000 .00 .00 OUTPATIENT VISITS .00 OFFICE VISITS 0 .00 .000 .00 .00 .00 .00 .00 .00 HOME VISITS 0 0 .000 .00 .00 .000 .00 EMERGENCY ROOM 0 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .000 0 .00 .00 .000 .00 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	3	\$	262.16	\$	87.39	1.500	\$	262.16	\$	131.08
PRESCRIPTION DRUGS	1	3		262.16		87.39	1.500		262.16		131.08
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	3		262.16		87.39	1.500		262.16		131.08
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 1,758
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICA	LLY	NEEDY - BLIND							
							M	ONTF	LY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S C	COST PER		COST PER

							OTAT	אוחו איוווי	نتا ک.	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	2	\$ 812.00	\$	406.00	1.000	\$	812.00	\$	406.00
HOSP INPATIENT TOTAL	1	2	812.00		406.00	1.000		812.00		406.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	1.000	812.00	406.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00				
CROSSOVERS/ALL OTH OUTPTNT				.00	.000	.00	.00
		S AND EXPENDITURES MO	NIH-OF-PAYMENT REE	PORT FOR JAN 2	1003 THRU DEC	2 2003	PAGE 1,759
	FEE-FOR-SERVICE/		IDDI DI IND				01/29/04
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY NE	EDA - BLIND		14017		α
00 81 10181 80	HOEDO	INITES OF SERVICE		ATTERNACE COCE	MONT		
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.000,000,000,000,000,000,000,000,000,0	1	OR DAYS OF CARE	010 00	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2 \$	812.00	\$ 406.00	1.000 \$	812.00	•
COMM HOSP INPATIENT TOTAL	1	2	812.00	406.00	1.000	812.00	406.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	1.000	812.00	406.00

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ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

DEVELOP. DISABLED

ROOM USE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$	50.68	\$	25.34	1.000	\$ 50.68	\$	25.34
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	2		50.68		25.34	1.000	50.68		25.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE:	S MONTH-OF-E	PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 2003	P	AGE 1,760
MOP024	FEE-FOR-SERVICE/DENT	ΓAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR MEDICALL	Y NEEDY - BI	JIND						
							M	ONTHLY AVER	AGE	

02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
ONLI OFFIED DROUTDEDG	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	U \$.00	\$.00	.000 \$.00	
DURABLE MED. EQUIP.	0	U	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	0 \$	812.00	\$.00	.000 \$	812.00	\$ 406.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,761
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

COLODII COOMII	DOINING OF DEED	VICED IOIC INDICII		JUDI DIGINDUD				
						MON	THLY AVERAC	GE
777 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	680	37,759	\$	750,550.04	\$ 19.88	48.596	1103.75	\$ 965.96
@PHYSICIANS SERVICES	145	989	\$	18,896.50	\$ 19.11	1.273	130.32	\$ 24.32
OUTPATIENT VISITS	20	28		1,159.56	41.41	.036	57.98	1.49
OFFICE VISITS	11	14		544.12	38.87	.018	49.47	.70
HOME VISITS	1	1		34.30	34.30	.001	34.30	.04
EMERGENCY ROOM	5	7		396.86	56.69	.009	79.37	.51

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	5	6		184.28		30.71	.008	36.86		.24
INPATIENT VISITS	6	74		3,373.54		45.59	.095	562.26		4.34
HOSPITAL VISITS	6	74		3,373.54		45.59	.095	562.26		4.34
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2	2		66.87		33.44	.003	33.44		.09
EXAMINATIONS	2	2		66.87		33.44	.003	33.44		.09
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	4	49		2,303.78		47.02	.063	575.95		2.96
PRINCIPAL SURGEON	4	9		1,585.62	-	176.18	.012	396.41		2.04
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	40		718.16		17.95	.051	359.08		.92
OUTPATIENT SURGERY	10	49		3,178.33		64.86	.063	317.83		4.09
PRINCIPAL SURGEON	6	12		2,406.64		200.55	.015	401.11		3.10
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	4	37		771.69		20.86	.048	192.92		.99
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	229		429.92		1.88	.295	214.96		.55
RADIOLOGY	10	82		2,414.05		29.44	.106	241.41		3.11
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	116	476		5,970.45		12.54	.613	51.47		7.68
@PHARMACY	493		5	203,469.94	¢	57.61	4.546		Ġ	261.87
PRESCRIPTION DRUGS	489	1,972	,	201,812.93	Υ.	102.34	2.538	412.71	Ÿ	259.73
SNF/ICF	67	337		17,888.70	-	53.08	.434	267.00		23.02
OUTPATIENTS	422	1,635		183,924.23		12.49	2.104	434.81		236.71
MEDICAL SUPPLIES	20	1,560		1,657.01	-	1.06	2.104	82.85		2.13
@DENTIST	20	1,500	4	5,070.00	\$	31.89	.205		بي	6.53
@DENIISI	30	107	?		Ą	11.10		54.00	Ą	
VISITS - DIAGNOSTIC	22			1,188.00			.138			1.53
ORAL SURGERY	6	15 0		725.00		48.33	.019	120.83		.93
DRUGS	0	U		.00		.00	.000	.00		.00
ANESTHESIA	1	1		100.00		100.00	.001	100.00		.13
PERIODONTICS	3	6		600.00	-	100.00	.008	200.00		.77
ENDODONTICS	493 489 67 423 20 30 22 6 0 1 3 1 7 0 5	1		.00		.00	.001	.00		.00
RESTORATIVE DENTISTRY	./	16		1,031.00		64.44	.021	147.29		1.33
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	5	13		1,426.00	-	109.69	.017	285.20		1.84
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
·- , · ·- ·-		0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	S MO	NTH-OF-PAYMENT RE	EPORT I	FOR JAN 2	2003 THRU I	DEC 2003	P	PAGE 1,762
MOP024	FEE-FOR-SERVICE/									01/29/04
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	Y NE	EDY - DISABLED						
								ONTHLY AVER		
777 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				S COST PER		COST PER
		OD DAVC OF CADE			ז משמ	ガスエロ / ロスな	DED ELIC	TICED		ET TOTOLE

						OIA.	TIITI AVEKA	ظی	
USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
14	31	\$ 634.53	\$	20.47	.040	\$	45.32	\$.82
3	3	142.35		47.45	.004		47.45		.18
11	26	436.72		16.80	.033		39.70		.56
1	2	55.46		27.73	.003		55.46		.07
3	5	\$ 63.46	\$	12.69	.006	\$	21.15	\$.08
0	0	.00		.00	.000		.00		.00
3	5	63.46		12.69	.006		21.15		.08
12	22	\$ 167.59	\$	7.62	.028	\$	13.97	\$.22
0	0	.00		.00	.000		.00		.00
0	0	.00		.00	.000		.00		.00
	USERS 14 3 11 1 3 0 3 12 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 14 31 \$ 3 3 11 26 1 2 3 5 \$ 0 0 0 3 5 12 22 \$ 0 0 0 0	OR DAYS OF CARE 14 31 \$ 634.53 3 142.35 11 26 436.72 1 2 55.46 3 5 \$ 63.46 0 0 .00 3 5 63.46 12 22 \$ 167.59 0 0 .00	OR DAYS OF CARE 14 31 \$ 634.53 \$ 3 3 142.35 11 26 436.72 1 2 55.46 3 5 \$ 63.46 \$ 0 0 0 .00 3 5 63.46 12 22 \$ 167.59 \$ 0 0 0 .00	OR DAYS OF CARE 14 31 \$ 634.53 \$ 20.47 3 3 142.35 47.45 11 26 436.72 16.80 1 2 55.46 27.73 3 5 \$ 63.46 \$ 12.69 0 0 0 .00 3 5 63.46 12.69 12 22 \$ 167.59 \$ 7.62 0 0 0 .00	USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAY OR DAYS OF CARE 14 31 \$ 634.53 \$ 20.47 .040 3 3 142.35 47.45 .004 11 26 436.72 16.80 .033 1 2 55.46 27.73 .003 3 5 \$ 63.46 \$ 12.69 .006 0 0 .00 .00 .00 .000 3 5 63.46 12.69 .006 12 22 \$ 167.59 \$ 7.62 .028 0 0 .00 .00 .00 .000	USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS OR DAYS OF CARE 14 31 \$ 634.53 \$ 20.47 .040 \$ 3 3 142.35 47.45 .004 11 26 436.72 16.80 .033 1 2 55.46 27.73 .003 3 5 \$ 63.46 \$ 12.69 .006 \$ 0 0 0 .00 .00 .000 3 5 63.46 12.69 .006 12 22 \$ 167.59 \$ 7.62 .028 \$ 0 0 0 .00 .00 .000	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 14 31 \$ 634.53 \$ 20.47 .040 \$ 45.32 \$ 3 142.35 47.45 .004 47.45 \$ 11 26 436.72 16.80 .033 39.70 \$ 1 2 55.46 27.73 .003 55.46 \$ 3 5 \$ 63.46 \$ 12.69 .006 \$ 21.15 \$ 12 22 \$ 167.59 \$ 7.62 .028 \$ 13.97 \$ 0 .00 .00 .000 .000 .000	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 14 31 \$ 634.53 \$ 20.47 .040 \$ 45.32 \$ 3 3 142.35 47.45 .004 47.45 47.45 11 26 436.72 16.80 .033 39.70 39.70 1 2 55.46 27.73 .003 55.46 35.46 31.15 \$ 0 0 .00 .00 .006 21.15 \$ 0 0 .00 .00 .000 .000 .00 .00 3 5 63.46 12.69 .006 21.15 \$ 12 22 167.59 7.62 .028 13.97 \$ 0 0 .00 .00 .00 .00 .00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	12	22		167.59		7.62	.028	13.97		.22
@HOME HEALTH AGENCY	6	19	\$	1,410.30	\$	74.23	.024	\$ 235.05	\$	1.82
NURSE ANESTHESIST	0	0	Š	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ċ	.00	\$.00	.000	\$.00	\$.00
	-	0	۲.							
PEDIATRIC NURSE PRACTITIONER	-		Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	159	1,269	\$	167,254.12	\$	131.80	1.633	\$ 1051.91	\$	215.26
HOSP INPATIENT TOTAL	18	170		152,245.00		895.56	.219	8458.06		195.94
HSC HOSPITALS	3	73		85,282.00		1168.25	.094	28427.33		109.76
NON-HSC HOSPITAL TOTAL	6	40		59,773.25		1494.33	.051	9962.21		76.93
ACCOMMODATIONS	6	40		18,791.88		469.80	.051	3131.98		24.19
ADMINISTRATIVE DAYS	1	21		4,857.30		231.30	.027	4857.30		6.25
	1	0								
TRANSITIONAL IP CARE	U			.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	19		13,934.58		733.40	.024	2786.92		17.93
ANCILLARIES	6	0		40,981.37		.00	.000	6830.23		52.74
INPATIENT CROSSOVERS	10	57		7,189.75		126.14	.073	718.98		9.25
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	151	1,099		15,009.12		13.66	1.414	99.40		19.32
MEDICAL	16	35		2,529.13		72.26	.045	158.07		3.25
SURGERY	5	5		378.66		75.73	.006	75.73		.49
PATHOLOGY	22	152		1,475.97		9.71	.196	67.09		1.90
	17									
RADIOLOGY		37		2,150.73		58.13	.048	126.51		2.77
ROOM USE	28	47		2,246.02		47.79	.060	80.22		2.89
CROSSOVERS/ALL OTH OUTPTNT	122	823		6,228.61		7.57	1.059	51.05		8.02
@COUNTY HOSPITAL TOTAL	1	37	\$	41,872.37	\$	1131.69	.048	\$ 41872.37	\$	53.89
CO HOSPITAL INPATIENT TOTAL	1	37		41,872.37		1131.69	.048	41872.37		53.89
HSC HOSPITALS	1	16		21,632.00		1352.00	.021	21632.00		27.84
NON-HSC HOSPITALS TOTAL	1	21		20,240.37		963.83	.027	20240.37		26.05
ACCOMMODATIONS	1	21		4,857.30		231.30	.027	4857.30		6.25
ADMINISTRATIVE DAYS	1	21		4,857.30		231.30	.027	4857.30		6.25
	0	0								
TRANSITIONAL IP CARE	0			.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	1	0		15,383.07		.00	.000	15383.07		19.80
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	Ô	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
RADIOLOGY	0	0								.00
ROOM USE		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00		.00	.000	.00		.00
		CES AND EXPENDITURE	S M	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2003 THRU :	DEC 2003	P	AGE 1,763
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALI	Y N	NEEDY - DISABLED						
							M	ONTHLY AVERA	GE.	
777 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	159	1,232	\$	125,381.75	\$	101.77	1.586	\$ 788.56		161.37
COMM HOSP INPATIENT TOTAL	17	133	Y	110,372.63	Ą	829.87	.171	6492.51	ų	142.05
		133 57								81.92
HSC HOSPITALS	2			63,650.00		1116.67	.073	31825.00		
NON-HSC HOSPITALS TOTAL	5	19		39,532.88		2080.68	.024	7906.58		50.88
ACCOMMODATIONS	5	19		13,934.58		733.40	.024	2786.92		17.93
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	19		13,934.58		733.40	.024	2786.92		17.93
ANCTI.I.ARTES	5	Ω		25 598 30		0.0	000	5119 66		32 95

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13,934.58 25,598.30 7,189.75

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INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

COMM HOSP OUTPATIENT TOTAL	151	1,099		15,009.12		13.66	1.414		99.40		19.32
MEDICAL	16	35		2,529.13		72.26	.045		158.07		3.25
SURGERY	5	5		378.66		75.73	.006		75.73		.49
PATHOLOGY	22	152		1,475.97		9.71	.196		67.09		1.90
RADIOLOGY	17	37		2,150.73		58.13	.048		126.51		2.77
ROOM USE	28	47		2,246.02		47.79	.060		80.22		2.89
CROSSOVERS/ALL OTH OUTPTNT	122	823		6,228.61		7.57	1.059		51.05		8.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000	-	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	63	1,891	\$	191,288.71	\$	101.16	2.434	\$	3036.33	\$	246.19
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	63	1,891		191,288.71		101.16	2.434		3036.33		246.19
@INTERMEDIATE CARE FACILDD	10	399	\$	67,942.75	\$	170.28	.514	\$	6794.28	\$	87.44
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	1	22		2,834.92		128.86	.028		2834.92		3.65
ICF DDN/DDCN	9	377		65,107.83		172.70	.485		7234.20		83.79
@HEMODIALYSIS TOTAL	9	10	\$	3,873.57	\$	387.36	.013	\$	430.40	\$	4.99
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	10		3,873.57		387.36	.013		430.40		4.99
@REHABILITATION FACILITY	4	66	\$	1,351.70	\$.085	\$	337.93	\$	1.74
HOSPITAL BASED	4	66		1,351.70		20.48	.085		337.93		1.74
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	36	\$	817.56	\$	22.71	.046	\$	74.32	\$	1.05
PATHOLOGY	7	31		790.37		25.50	.040		112.91		1.02
XO AND OTHERS	4	5		27.19		5.44	.006		6.80		.03
@ORGANIZED OUTPATIENT CLINIC	117	213	\$	12,137.92	\$.274	\$	103.74	\$	15.62
CLINIC	3	4		386.52		96.63	.005		128.84		.50
SURGICENTER	1	6		231.21		38.54	.008		231.21		.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	114	203		11,520.19		56.75	.261		101.05		14.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	-	JRES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 1,764
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F	OR MEDICA	ALLY N	NEEDY - DISABLED							

0020011 0001111	DOIMERT OF DELL	· - 0 - 0 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
					MON	THLY AVERAG	GE
777 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	152	29,118 \$	76,171.39	\$ 2.62	37.475 \$	501.13	\$ 98.03
DURABLE MED. EQUIP.	10	68	41,223.29	606.22	.088	4122.33	53.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	4	1,599.25	399.81	.005	799.63	2.06
MEDICAL TRANSPORTATION	24	1,100	19,758.25	17.96	1.416	823.26	25.43
AMBULANCES/AIR TRANS	12	474	8,529.57	17.99	.610	710.80	10.98
OTHER TRANS	1	72	126.30	1.75	.093	126.30	.16
OTHER SERVICES	15	554	11,102.38	20.04	.713	740.16	14.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	30	348.86	11.63	.039	24.92	.45
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5	7	6.65	.95	.009	1.33	.01
PROSTHETIST/ORTHOTISTS	1	1	96.50	96.50	.001	96.50	.12
PROSTHETICS	1	1	96.50	96.50	.001	96.50	.12
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	48	1,744.39	36.34	.062	134.18	2.25
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	73	821.98	11.26	.094	205.50	1.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	96	27,787	10,572.22	.38	35.762	110.13	13.61
@CALIF. CHILDREN SERVICES*	2	420	\$ 216.61	\$.52	.541	\$ 108.31	\$.28
@XOVER EXCLUDING STATE HOSP**	246	2,332	\$ 38,026.69	\$ 16.31	3.001	\$ 154.58	\$ 48.94

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

USERS UNITS OF SERVICE

OR DAYS OF CARE

29,697 ELIGIBLES

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEI	DY - FAMILIES						
							_	THLY AVERA	_	
29,697 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		OST UNITS/D				COST PER
		OR DAYS OF CARE				DAY PER EL		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION	12,508	65,048 \$		3,853,941.12	\$ 59.2					129.78
@PHYSICIANS SERVICES	3,172	8,522 \$		463,959.39	\$ 54.4		7 \$		\$	15.62
OUTPATIENT VISITS	2,182	3,023		109,399.77	36.1	9 .10	2	50.14		3.68
OFFICE VISITS	1,717	2,350		70,091.49	29.8	3 .07	9	40.82		2.36
HOME VISITS	0	0		.00	.0			.00		.00
EMERGENCY ROOM	355	444		22,826.53	51.4			64.30		.77
PREVENTIVE CARE	0	0		0.0	.0			.00		.00
OR VISITS/COMPRE DERI	117	156		14 360 88	92.0			122.74		.48
OTHER OUTDATTENT	63	73		2,120.87	29.0			33.66		.07
TNDATTENT VICITO	241	1,143		80,021.05	70.0			332.04		2.69
TOCDITAL VISITS	221	831		36,402.95	43.8			155.57		1.23
CDITTON CARE	234			42 610 10	139.8			1615.49		1.47
CRITICAL CARE	27	312		43,618.10 .00						
SNF/ICF/TRANS IP CARE	0	0		.00	.0			.00		.00
OPHTHALMOLOGICAL SERVICES	76	95 95 0 701		4,506.35	47.4			59.29		.15
EXAMINATIONS	./6	95		4,506.35	47.4			59.29		.15
SERVICES AND MATERIALS	0	0		.00	.0			.00		.00
INPATIENT HOSPITAL SURGERY	199	95 95 0 701 189 29			210.0			739.82		4.96
PRINCIPAL SURGEON	153	189		131,206.51	694.2		6	857.56		4.42
ASSISTANT SURGEON	29	29		5,210.72	179.6		1	179.68		.18
ANESTHESIOLOGIST	45	483		10,806.37	22.3		6	240.14		.36
OUTPATIENT SURGERY	345	832		10,806.37 55,290.85	66.4	6 .02	8	160.26		1.86
PRINCIPAL SURGEON	272	383		42,588.78	111.2			156.58		1.43
ASSISTANT SURGEON	12	12		42,588.78 1,547.14	128.9			128.93		.05
ANESTHESIOLOGIST	79			11,154.93	25.5	3 .01		141.20		.38
DIALYSIS	3	437 14		528.08	37.7			176.03		.02
PATHOLOGY	481	740		6,100.10	8.2			12.68		.21
PADIOLOGY	312	713		29,775.38	41.7			95.43		1.00
PSYCHIATRY	0	0		.00	.0			.00		.00
TMMINITANTON AND INTEGRION	E 0	249		2,729.69	10.9			46.27		.09
OTHER CERTICES AND INVESTIGN	400	1 010		28,384.52	28.0			70.96		.96
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY	6 220	1,012 17,922 \$		669,756.97			3 \$		بخ	22.55
@PHARMACY	6,330	17,922 \$						104.42	Ą	22.00
PRESCRIPTION DRUGS	0,250	•		653,247.09	48.5					
SNF/ICF	0	0		.00	.0			.00		.00
OUTPATIENTS	6,256	13,463		653,247.09	48.5			104.42		22.00
MEDICAL SUPPLIES	175	4,459		16,509.88	3.7			94.34		.56
@DENTIST	./93	3,694 \$			\$ 37.3		4 \$		Ş	4.64
VISITS - DIAGNOSTIC	6,330 6,256 0 6,256 175 793 467 98 19 7 24 68 318	2,197		30,239.25	13.7			64.75		1.02
ORAL SURGERY	98	190		10,619.00	55.8			108.36		.36
DRUGS	19	19 7		430.00	22.6			22.63		.01
ANESTHESIA	7	7		700.00	100.0		0	100.00		.02
PERIODONTICS	24	24		3,765.00	156.8		1	156.88		.13
ENDODONTICS	68	134		15,492.00	115.6	1 .00	5	227.82		.52
RESTORATIVE DENTISTRY	318	972		61,977.25	63.7	6 .03	3	194.90		2.09
PROSTHETICS	1	1		30.00	30.0	0 .00	0	30.00		.00
DENTURES, STAYPLATES	7	14		2,133.00	152.3	6 .00	0	304.71		.07
SPACE MAINTAINERS	4	5		360.00	72.0		0	90.00		.01
MAXILLOFACIAL SERVICES	5	5		242.00	48.4			48.40		.01
FRACTURES, DISLOCATIONS	0	0		.00	.0			.00		.00
ORTHODONTIC SERVICES	97	118		11,470.00	97.2			118.25		.39
ALL OTHER SERVICES	13	8		375.00	46.8			28.85		.01
#CALIF DEPT OF HEALTH SERV		o ES AND EXPENDITURES	MONT						ים	.01 AGE 1,766
			MOIN.	III-OF-PAIMENI RE	FORI FOR U	AN ZUUS IAR	שע ט	C 2003	PA	01/29/04
MOP024	FEE-FOR-SERVICE		יההוא	DV EXMITTED						01/29/04
COLUSA COUNTY	SUMMARI OF SERV	ICES FOR MEDICALLY	NEEL	DI - LWMITTIES			MONT	יגיייוע אינויי	a E	
20 607 ELIGIDIES	Hanna	INITES OF SERVICE		EXPENDIBLE	717D7 OF O			THLY AVERA	JE -	70.0E DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	205	539	\$	12,819.52	\$	23.78	.018	\$ 62	.53	\$.43
DIAGNOSTIC AND ANC. PROCED	146	148	Ą	6,753.13	Ą	45.63	.005		. 25	Ą	.23
	142	387		5,967.15		15.42	.013		.02		.20
EYE APPLIANCES	4										
OTHER OPTOMETRIC SERVICES		4	4	99.24	d	24.81	.000		.81	<u>ب</u>	.00
@CHIROPRACTOR	10	18	\$	288.42	\$	16.02	.001		.84	Ş	.01
VISITS	10	18		288.42		16.02	.001		.84		.01
OTHER SERVICES	0	0	4.	.00		.00	.000		.00	4.	.00
@PODIATRIST	10	20	\$	300.09	\$	15.00	.001		.01	\$.01
MEDICINE/INJECTIONS	6	7		181.35		25.91	.000		.23		.01
SURGERY/ANES.	1	2		47.02		23.51	.000		.02		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	11		71.72		6.52	.000		.91		.00
@HOME HEALTH AGENCY	99	133	\$	7,641.05	\$	57.45	.004		.18	\$.26
NURSE ANESTHESIST	73	339	\$	7,474.00	\$	22.05	.011	\$ 102		\$. 25
NURSE MIDWIFE	2	2	\$	604.76	\$	302.38	.000	\$ 302		\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	4	10	\$	171.96	\$	17.20	.000		.99	\$.01
@TOTAL HOSPITAL	2,824	11,067	\$	1,803,300.60	\$	162.94	.373	\$ 638	.56	\$	60.72
HOSP INPATIENT TOTAL	229	1,114		1,542,799.17		1384.92	.038	6737			51.95
HSC HOSPITALS	36	418		584,122.03		1397.42	.014	16225	.61		19.67
NON-HSC HOSPITAL TOTAL	193	690		956,997.14		1386.95	.023	4958	.53		32.23
ACCOMMODATIONS	193	690		231,370.48		335.32	.023	1198	.81		7.79
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	193	690		231,370.48		335.32	.023	1198			7.79
ANCILLARIES	193	0		725,626.66		.00	.000	3759			24.43
INPATIENT CROSSOVERS	2	6		1,680.00		280.00	.000	840			.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,702	9,953		260,501.43		26.17	.335		.41		8.77
MEDICAL	355	507		19,771.40		39.00	.017		.69		.67
SURGERY	188	204		10,081.21		49.42	.007		.62		.34
PATHOLOGY	1,553	4,118		43,527.70		10.57	.139		.03		1.47
RADIOLOGY	930	1,465		74,322.67		50.73	.049		.92		2.50
ROOM USE	1,463	1,873		83,318.68		44.48	.063		.95		2.81
CROSSOVERS/ALL OTH OUTPTNT	938	1,786		29,479.77		16.51	.060		.43		.99
@COUNTY HOSPITAL TOTAL	10	59	\$	25,658.48	\$	434.89	.002	\$ 2565		Ś	.86
CO HOSPITAL INPATIENT TOTAL	2	22	٧	24,200.03	Y	1100.00	.001	12100		٧	.81
HSC HOSPITALS	2	22		24,200.03		1100.00	.001	12100			.81
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
CO HOSP OUTPATIENT TOTAL	9	37		1,458.45		39.42		162			.00 .05
	1	1					.001				
MEDICAL	3	5		64.00		64.00	.000		.00		.00
SURGERY				127.95		25.59	.000		.65		.00
PATHOLOGY	3	9		190.62		21.18	.000		.54		.01
RADIOLOGY	1	1		143.29		143.29	.000	143			.00
ROOM USE	6	11		380.92		34.63	.000		.49		.01
CROSSOVERS/ALL OTH OUTPTNT	7	10	n a	551.67		55.17	.000		.81		.02
		ES AND EXPENDITUR	ES MO	JNTH-OF-PAYMENT RI	EPOR	T FOR JAN	2003 THRU	DEC 2003		PA	GE 1,767
	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY NI	EEDY - FAMILIES			= =	O.T.		a =	
20 607 8 7 7 7 7 7 7 7	11000	IDITED OF SERVICES					M				
29,697 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					OST PER
OCOMMUNITARY HOCOTARY MORE	0 015	OR DAYS OF CARE		1 777 640 10		R UNIT/DAY					LIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,815	11,008	\$	1,777,642.12	\$	161.49	.371	\$ 631	.49	Ş	59.86

COMM HOSP INPATIENT TOTAL	228	1,092		1,518,599.14		1390.66	.037		6660.52		51.14
HSC HOSPITALS	34	396		559,922.00		1413.94	.013		16468.29		18.85
HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	193	690		956,997.14 231,370.48 .00		1390.66 1413.94 1386.95 335.32 .00	.023		4958.53		32.23
ACCOMMODATIONS	102	690		221 270 40		225 22	.023		1198.81		7.79
ACCOMMODATIONS	193			231,370.40		333.34					
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	193	690		231,370.48		335.32	.023		1198.81		7.79
AMCTITADIEC	103	0		725,626.66		.00	.000		3759.72		24.43
TND AUCTIDARCIED	173	6				280.00			840.00		
INPAILENI CROSSOVERS	۷	0		1,680.00			.000				.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	2,693	6 0 9,916		259,042.98		26.12	.334		96.19		8.72
MEDICAL	354	506		19,707.40		38.95	.017		55.67		.66
CIIPCERV	185	199		9,953.26		50.02	.007		53.80		.34
DARRIOLOGY	1 550	4 100		42 227 00							1.46
PAIHOLOGY	1,550	4,109		43,337.08		10.55	.138		27.96		
RADIOLOGY	929	1,464		74,179.38 82.937.76		50.67	.049		79.85		2.50
ROOM USE	1,457	1,862		,		44.54	.063		56.92		2.79
CROSSOVERS/ALL OTH OUTPINT	931	1,776		28,928.10		16.29	.060		31.07		.97
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	Ś	.00	\$.00
MENTATIV TII	0	0	Y	.00	٧	.00	.000	Y	.00	Ÿ	.00
MENIALLI ILL	0	0									
DEVELOP. DISABLED	Ü	Ü		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
I.EV B-SIBACITE EPEESTANDING	0	Ô		.00		.00	.000		.00		.00
LEV D SUDACUTE PREESTANDING	0	0									
LEV B-SUBACUTE HSPTL BASED	U	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
TCF DDH	0	0	•	.00	•	.00	.000		.00	•	.00
ICE DD	0	Ô		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0									
ICF DDN/DDCN	0	0		.00	_	.00	.000		.00	_	.00
@HEMODIALYSIS TOTAL	14	303	\$	12,120.47	\$.010	Ş			.41
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14	303		12,120.47		40.00	.010		865.75		.41
@REHABILITATION FACILITY	5	21	\$	773.21	\$	36.82	.001	\$	154.64	\$.03
HOSPITAL BASED	4	10	•	597.44	·	59.74	.000		149.36	•	.02
INDEDENDENT EXCILITY	1	11		175.77		15.98	.000		175.77		.01
INDEFENDENT PACIFIES	1 020	3 255	4		4			4		4	
@LABORATORY FACILITY	1,020	3,255	\$	50,917.20	Ş	15.64	.110	Þ		Þ	1.71
PATHOLOGY	1,020	3,255		50,917.20		15.64	.110		49.92		1.71
PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,430	7,044	\$	571,955.11	\$	81.20	.237	\$	129.11	\$	19.26
CLINIC	99	277		10,189.54		36.79	.009		102.92		.34
SURGICENTER	3.0	194		7 091 38		36 55	007		236 38		.24
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	0	101		7,051.50		00.00	000		00		.00
HEROIN DEIOX CLINIC	4 210	0		.00		.00	.000		100 43		
RURAL HEALTH CLINIC	4,319	6,5/3		554,674.19		84.39	.221		128.43		18.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURI	ES 1	MONTH-OF-PAYMENT R	EPOR'	r for Jan :	2003 THRU	DEC	2003	P	AGE 1,768
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY I	NEEDY - FAMILIES							
							M	ONT:	HLY AVERA	GE	
29,697 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST			COST PER		COST PER
ZJ, OJ / HILGIDING	орыкр	OR DAYS OF CARE		HILL HINDI I GKILD		R UNIT/DAY			USER		ELIGIBLE
CALL OWNED DROUTDEDG	0.50		4	114 005 07							
@ALL OTHER PROVIDERS	950	12,159	\$	114,025.87	\$	9.38	.409	Ş	120.03	Ş	3.84
DURABLE MED. EQUIP.	43	57		10,847.82		190.31	.002		252.27		.37
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.000		25.00		.00
MEDICAL TRANSPORTATION	148	7,845		58,197.05		7.42	.264		393.22		1.96
AMBULANCES/AIR TRANS	142	2,647		29,681.67		11.21	.089		209.03		1.00
OTHER TRANS	4	5 093		9 106 42		1 79	171		2276 61		31

1.79

.00

184.85

9,106.42 19,408.96

.00

2276.61

1617.41

.00

.171

.004

.000

.31 .65

.00

4

0

12

5,093 105

0

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	43	43	4,412.50	102.62	.001	102.62	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	199	418	4,175.95	9.99	.014	20.98	.14
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	30	1,708.19	56.94	.001	100.48	.06
PROSTHETICS	16	29	1,611.69	55.58	.001	100.73	.05
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	23	939.39	40.84	.001	72.26	.03
HOSPICE SERVICES	1	34	4,159.22	122.33	.001	4159.22	.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	482	2,707	27,935.01	10.32	.091	57.96	.94
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,000	1,590.90	1.59	.034	176.77	.05
@CALIF. CHILDREN SERVICES*	119	1,424	\$ 445,030.64	\$ 312.52	.048	\$ 3739.75	\$ 14.99
@XOVER EXCLUDING STATE HOSP**	55	1,071	\$ 13,930.73	\$ 13.01	.036	\$ 253.29	\$.47

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-0 MOP024 FEE-F0

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 1,769

01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

COLUSA COUNTI	SUMMARI OF SER	VICES FOR MEDICALLI	NEEDI - IOIAL				
					MON		
32,458 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14,887	139,641 \$	6,566,619.70	\$ 47.03	4.302 \$		
@PHYSICIANS SERVICES	3,650	10,389 \$	504,471.41	\$ 48.56	.320 \$	138.21	\$ 15.54
OUTPATIENT VISITS	2,244	3,109	112,729.80	36.26	.096	50.24	3.47
OFFICE VISITS	1,765	2,414	72,310.94	29.95	.074	40.97	2.23
HOME VISITS	1	1	34.30	34.30	.000	34.30	.00
EMERGENCY ROOM	365	456	23,684.33	51.94	.014	64.89	.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	117	156	14,360.88	92.06	.005	122.74	.44
OTHER OUTPATIENT	70	82	2,339.35	28.53	.003	33.42	.07
INPATIENT VISITS	256	1,244	84,695.37	68.08	.038	330.84	2.61
HOSPITAL VISITS	249	932	41,077.27	44.07	.029	164.97	1.27
CRITICAL CARE	27	312	43,618.10	139.80	.010	1615.49	1.34
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	82	102	4,831.42	47.37	.003	58.92	.15
EXAMINATIONS	82	102	4,831.42	47.37	.003	58.92	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	204	751	149,746.42	199.40	.023	734.05	4.61
PRINCIPAL SURGEON	158	199	133,011.17	668.40	.006	841.84	4.10
ASSISTANT SURGEON	29	29	5,210.72	179.68	.001	179.68	.16
ANESTHESIOLOGIST	47	523	11,524.53	22.04	.016	245.20	.36
OUTPATIENT SURGERY	362	895	60,372.86	67.46	.028	166.78	1.86
PRINCIPAL SURGEON	284	403	46,777.07	116.07	.012	164.71	1.44
ASSISTANT SURGEON	12	12	1,547.14	128.93	.000	128.93	.05
ANESTHESIOLOGIST	84	480	12,048.65	25.10	.015	143.44	.37
DIALYSIS	8	24	1,728.24	72.01	.001	216.03	.05
PATHOLOGY	490	994	6,608.20	6.65	.031	13.49	.20
RADIOLOGY	333	816	33,349.10	40.87	.025	100.15	1.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	60	251	2,764.19	11.01	.008	46.07	.09
OTHER SERVICES/ALL X-OVERS	808	2,203	47,645.81	21.63	.068	58.97	1.47

@PHARMACY	8,208	31,837	\$ 1,303,074.90	\$ 40.93	.981	\$ 158.76	\$ 40.15
PRESCRIPTION DRUGS	8,117	21,981	1,279,045.35	58.19	.677	157.58	39.41
SNF/ICF	521	3,559	195,828.57	55.02	.110	375.87	6.03
OUTPATIENTS	7,601	18,422	1,083,216.78	58.80	.568	142.51	33.37
MEDICAL SUPPLIES	260	9,856	24,029.55	2.44	.304	92.42	.74
@DENTIST	890	4,085	\$ 159,635.50	\$ 39.08	.126	\$ 179.37	\$ 4.92
VISITS - DIAGNOSTIC	536	2,402	33,154.25	13.80	.074	61.85	1.02
ORAL SURGERY	119	283	14,828.00	52.40	.009	124.61	.46
DRUGS	19	19	430.00	22.63	.001	22.63	.01
ANESTHESIA	9	9	900.00	100.00	.000	100.00	.03
PERIODONTICS	27	30	4,365.00	145.50	.001	161.67	.13
ENDODONTICS	69	135	15,492.00	114.76	.004	224.52	.48
RESTORATIVE DENTISTRY	330	998	63,443.25	63.57	.031	192.25	1.95
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	30	69	14,516.00	210.38	.002	483.87	.45
SPACE MAINTAINERS	4	5	360.00	72.00	.000	90.00	.01

5 5 MAXILLOFACIAL SERVICES 242.00 48.40 .000 48.40 .01 0 0 .00 FRACTURES, DISLOCATIONS .00 .00 .000 .00 ORTHODONTIC SERVICES 97 118 11,470.00 97.20 .004 118.25 .35 14 37.50 26.79 .01 ALL OTHER SERVICES 10 375.00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,770

01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

FEE-FOR-SERVICE/DENTAL

MOP024

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL.	LY NE	EEDY - TOTAL				a =	
20 450 51 5355 53	11077					MON		ŒE:	
32,458 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
	0.2.0	OR DAYS OF CARE		1.4.405.51	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	238	626	\$	14,435.51	\$ 23.06	.019 \$		Ş	. 44
DIAGNOSTIC AND ANC. PROCED	150	152		6,942.93	45.68	.005	46.29		.21
EYE APPLIANCES	168	456		7,137.89	15.65	.014	42.49		. 22
OTHER OPTOMETRIC SERVICES	10	18		354.69	19.71	.001	35.47		.01
@CHIROPRACTOR	13 10 3 84 6 1 0 77 106 77	23	\$	351.88	\$ 15.30	.001 \$		\$.01
VISITS	10	18		288.42	16.02	.001	28.84		.01
OTHER SERVICES	3	5		63.46	12.69	.000	21.15		.00
@PODIATRIST	84	152	\$	1,243.25	\$ 8.18	.005 \$	14.80	\$.04
MEDICINE/INJECTIONS	6	7		181.35	25.91	.000	30.23		.01
SURGERY/ANES.	1	2		47.02	23.51	.000	47.02		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	77	143		1,014.88	7.10	.004	13.18		.03
@HOME HEALTH AGENCY	106	154	\$		\$ 58.83	.005 \$		Ś	.28
NURSE ANESTHESIST	77		\$	7,623.49	\$ 20.72	.011	99.01		.23
NURSE MIDWIFE	2	2	Š	604.76	\$ 302.38	.000		\$.02
DEDIATRIC MIRCE DRACTITIONER	0	0	Ġ.	.00	\$.00	.000 \$.00		.00
FAMILA MIDGE DDACTITIONER	4	1.0	\$ \$	171.96	\$ 17.20	.000 \$	42.99	Ģ	.01
@TOTAL HOSPITAL	2 276	12 625	\$	2,041,741.26	\$ 149.74	.420	623.24	٠ ب	62.90
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	3,270	368 2 0 10 13,635 1,365 494	Ą	1,746,232.25	1279.29	.042	6326.93	Ą	53.80
HOSP INPALLENT TOTAL	40	494		672,644.03	1279.29 1361.63 1403.84 348.31	.015	16816.10		20.72
IIDC IIODFIIAID	40	494		0/2,044.03	1301.03	.015			
	205	749		1,051,477.52	1403.84	.023	5129.16		32.40
ACCOMMODATIONS	205 1 0 204	749		260,883.25	348.31	.023	1272.60		8.04
ADMINISTRATIVE DAYS	1	21		4,857.30	231.30	.001	4857.30		.15
TRANSITIONAL IP CARE	0	0		.00 256,025.95	231.30 .00 351.68	.000	.00		.00
		728		256,025.95	351.68	.022	1255.03		7.89
ANCILLARIES	205	0		790,594.27 22,110.70	351.68 .00 181.24 .00	.000	3856.56		24.36
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	34	122		22,110.70	181.24	.004	650.31		.68
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3,134	12,270		295,509.01	24.08	.378	94.29		9.10
MEDICAL	381	563		22,828.63	40.55	.017	59.92		.70
SURGERY	198	214		10,715.58	50.07	.007	54.12		.33
PATHOLOGY	1,596	4,364		46,069.94	10.56	.134	28.87		1.42
RADIOLOGY	961	1,519		77,037.90	50.72	.047	80.16		2.37
ROOM USE	1.505	1,941		86,834.33	44.74	.060	57.70		2.68
	961 1,505 1,317	•		52,022.63	14.18	.113	39.50		1.60
@COUNTY HOSPITAL TOTAL	11	96	\$	67,530.85	\$ 703.45		6139.17	Ś	2.08
CO HOSPITAL INPATIENT TOTAL	3	59	Υ	66,072.40	1119.87	.002	22024.13	~	2.04
HSC HOSPITALS	3	38		45,832.03	1206 11	.001	15277.34		1.41
NON-HSC HOSPITALS TOTAL	1	21		20,240.37	963.83	.001	20240.37		.62
ACCOMMODATIONS	1	21		4,857.30	231.30	.001	4857.30		.15
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	21		4,857.30	231.30	.001	4857.30		.15
ADMINISTRATIVE DATS	1	21		4,057.30	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00			.00		.00
ALL OTHER ACCOM	U	0			.00	.000			
ANCILLARIES	1	0		15,383.07	.00	.000	15383.07		.47
INPATIENT CROSSOVERS	Ü	3,669 96 59 38 21 21 0 0 0 0 0 0 0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	_ 0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	9	37		1,458.45	39.42	.001	162.05		.04
MEDICAL	1	1		64.00	64.00	.000	64.00		.00
SURGERY	3	5		127.95	25.59	.000	42.65		.00
PATHOLOGY	3	9		190.62	21.18	.000	63.54		.01

RADIOLOGY 143.29 .00 1 1 143.29 143.29 .000 6 11 380.92 34.63 63.49 ROOM USE .000 .01 7 10 551.67 55.17 78.81 .02 CROSSOVERS/ALL OTH OUTPTNT .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,771

MOP024	FEE-FOR-SERVICE/D		MONTH	OF-PAIMENT	KEFOKI	FOR UAN 2	2003 1	1110	טייכ	2003	F	01/29/04
COLUSA COUNTY	SUMMARY OF SERVIC		NEEDY	- TOTAL								01, 25, 01
				-				N	TNON	HLY AVERA	GE.	
32,458 ELIGIBLES	USERS U	NITS OF SERVICE	E	XPENDITURES	S AVE	RAGE COST	UNITS	/DAY	ZS.	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY				USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,267	13,539 \$	1	,974,210.43	1 \$	145.82		417	\$	604.29	\$	60.82
COMM HOSP INPATIENT TOTAL	37 274 37 204 204	1,306		,680,159.8		1286.49		040		6131.97		51.76
HSC HOSPITALS	37	456		626,812.00	0	1374.59		014		16940.86		19.31
NON-HSC HOSPITALS TOTAL	204	728	1	,031,237.1	5	1416.53		022		5055.08		31.77
ACCOMMODATIONS	204	728		256,025.9	5	1374.59 1416.53 351.68		022		1255.03		7.89
ADMINISTRATIVE DAYS	0	0		.00	0	.00		000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
ALL OTHER ACCOM	204 0 0 204 204	728		256,025.9	5	351.68		022		1255.03		7.89
ANCILLARIES	204	0		775,211.20	0	.00		000		3800.05		23.88
INPATIENT CROSSOVERS	31	122		22,110.70	0	181.24		004		650.31		.68
ALL OTHER INPATIENT	^	0		.00	0	.00 24.04 40.51		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,125	12,233		294,050.50	6	24.04		377		94.10		9.06
MEDICAL	380 195	562		22,764.63 10,587.63	3	40.51		017		59.91		.70
SURGERY	195	209		10,587.63	3	50.66		006		54.30		.33
PATHOLOGY	1,593 960 1,499	4,355 1,518		45,879.3	2	10.53		134		28.80		1.41
RADIOLOGY	960	1,518		76,894.63	1	50.66		047		80.10		2.37
ROOM USE	1,499	1,930		86,453.43		44.79		059		57.67		2.66
CROSSOVERS/ALL OTH OUTPTNT	1,310	3,659		51,470.9		14.07		113		39.29		1.59
@STATE HOSPITAL	0	0 \$.00		.00		000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00		000		.00		.00
DEVELOP. DISABLED	0	0		.00	0	.00		000		.00		.00
@NURSING FACILITY	523	, ,	1	,531,367.23		97.65		483	\$	2928.04	\$	47.18
LEV A-INTERMEDIATE	1,499 1,310 0 0 0 523 0 32 0	0		.00		.00		000		.00		.00
LEV B-REHAB MD	32	1,064		113,999.0		107.14				3562.47		3.51
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	491	14,618		,417,368.1		96.96		450		2886.70		43.67
@INTERMEDIATE CARE FACILDD	10	399 \$		67,942.7		170.28			\$	6794.28	\$	2.09
ICF DDH	0	0		.00		.00		000		.00		.00
ICF DD	1	22		2,834.9		128.86		001		2834.92		.09
ICF DDN/DDCN	9	377		65,107.83		172.70		012		7234.20	_	2.01
@HEMODIALYSIS TOTAL	41	562 \$		25,508.7	•	45.39			\$	622.16	Ş	.79
HOSPITAL BASED	0	0		.00		.00		000		.00		.00
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	41	562		25,508.7		45.39		017		622.16		.79
@REHABILITATION FACILITY	9	87 \$		2,124.9	1 \$			003	Ş		Ş	.07
HOSPITAL BASED	8 1 1,059 1,052	76		1,949.1		25.65		002		243.64		.06
INDEPENDENT FACILITY	1 050	11		175.7		15.98		000	4	175.77	4	.01
@LABORATORY FACILITY	1,059	3,420 \$		53,585.84		15.67		105	Ş	50.60 50.86	Ş	1.65
PATHOLOGY	1,052 7	3,410		53,508.43		15.69		105				1.65
YO WID OILERS	/	10		77.43		7.74		000 234	4	11.06	4	.00
@ORGANIZED OUTPATIENT CLINIC		7,596 \$ 281		605,417.76		79.70 37.64			Þ	127.40 103.69	Þ	18.65
CLINIC	102 32	202		10,576.00		38.21		009		241.18		.33 .24
SURGICENTER	^	202		•				006				.24
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	4,638	7,113		.00 587,124.03	0 1	.00 82.54		000 219		.00 126.59		18.09
#CALIF DEPT OF HEALTH SERV	T,000	AND EXDENDITEDED	MONTUTT	OF DIVMENT	₽₽₽О₽₽ ±	OZ.DE		בבט יוסט	חבת		-	PAGE 1,772
MOP024	FEE-FOR-SERVICE/D	EMILYI TAND EVERNDTIOKED	MIOIN I H -	OF-PAIMENI	KEPUKI	FUR UAIN A	2003 I	пкО	DEC	4003	P	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE		MEEDV	– ΨΩΨΛΤ								01/23/04
COHORA COONII	POLINANT OF PEKATO	ED FOR MEDICALLI	ипплі	TOTAL					# O N T CC		aп	

32,458 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	3
@ALL OTHER PROVIDERS	1,313	50,614	\$ 238,258.97	\$ 4.71	1.559	\$ 181.46	\$ 7.34	ł
DURABLE MED. EQUIP.	78	198	76,618.61	386.96	.006	982.29	2.36	5
BLOOD BANK	0	0	.00	.00	.000	.00	.00)
HEARING AID DISPENSERS	15	24	10,115.83	421.49	.001	674.39	.31	Ĺ
MEDICAL TRANSPORTATION	222	10,561	83,581.70	7.91	.325	376.49	2.58	3
AMBULANCES/AIR TRANS	159	3,158	38,947.35	12.33	.097	244.95	1.20)
OTHER TRANS	23	6,006	11,011.91	1.83	.185	478.78	.34	ł
OTHER SERVICES	55	1,397	33,622.44	24.07	.043	611.32	1.04	ł
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00)
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00)
GENETIC DISEASE TESTING	43	43	4,412.50	102.62	.001	102.62	.14	ł
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00)
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00)
OPTICIAN	244	520	5,595.25	10.76	.016	22.93	.17	7
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.00)
PORTABLE X-RAY	15	26	21.83	.84	.001	1.46	.00)
PROSTHETIST/ORTHOTISTS	19	33	1,877.07	56.88	.001	98.79	.06	5
PROSTHETICS	18	32	1,780.57	55.64	.001	98.92	.05	5
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.00)
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00)
SPEECH AND AUDIOLOGY	31	79	3,656.55	46.29	.002	117.95	.11	Ĺ
HOSPICE SERVICES	1	34	4,159.22	122.33	.001	4159.22	.13	3
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00)
LOCAL EDUCATION AGENCIES	486	2,780	28,756.99	10.34	.086	59.17	.89)
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00)
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00)
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00)
ALL OTHER PROVIDERS	193	36,315	19,428.58	.54	1.119	100.67	.60)
@CALIF. CHILDREN SERVICES*	121	1,844	\$ 445,247.25	\$ 241.46	.057	\$ 3679.73	\$ 13.72	2
@XOVER EXCLUDING STATE HOSP**	932	14,079	\$ 132,214.96	\$ 9.39	.434	\$ 141.86	\$ 4.07	7

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,773 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

					1101		01
930 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	452	1,572 \$	84,650.29	\$ 53.85	1.690 \$	187.28	\$ 91.02
@PHYSICIANS SERVICES	147	278 \$	11,810.55	\$ 42.48	.299 \$	80.34	\$ 12.70
OUTPATIENT VISITS	120	173	5,743.30	33.20	.186	47.86	6.18
OFFICE VISITS	94	131	3,713.09	28.34	.141	39.50	3.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	23	1,215.80	52.86	.025	55.26	1.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	19	814.41	42.86	.020	116.34	.88
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	22	870.05	39.55	.024	124.29	.94
HOSPITAL VISITS	7	22	870.05	39.55	.024	124.29	.94
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	15	2,802.30	186.82	.016	560.46	3.01
PRINCIPAL SURGEON	2	2	2,177.18	1088.59	.002	1088.59	2.34
ASSISTANT SURGEON	2	2	262.45	131.23	.002	131.23	.28
ANESTHESIOLOGIST	2	11	362.67	32.97	.012	181.34	.39

----- MONTHLY AVERAGE -----

OUTPATIENT SURGERY	11	24	1,459.63	60.82	.026	132.69		1.57
PRINCIPAL SURGEON	9	10	1,136.83	113.68	.011	126.31		1.22
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	14	322.80	23.06	.015	161.40		.35
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	14	15	45.50	3.03	.016	3.25		.05
RADIOLOGY	9	11	346.38	31.49	.012	38.49		.37
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1	6.55	6.55	.001	6.55		.01
OTHER SERVICES/ALL X-OVERS	12	17	536.84	31.58	.018	44.74		.58
@PHARMACY	214	400 \$	16,177.59	\$ 40.44	.430 \$	75.60	\$	17.40
PRESCRIPTION DRUGS	209	385	15,988.21	41.53	.414	76.50		17.19
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	209	385	15,988.21	41.53	.414	76.50		17.19
MEDICAL SUPPLIES	11	15	189.38	12.63	.016	17.22		.20
@DENTIST	20	154 \$	7,277.00	\$ 47.25	.166 \$	363.85	\$	7.82
VISITS - DIAGNOSTIC	15	71	1,333.00	18.77	.076	88.87		1.43
ORAL SURGERY	3	9	804.00	89.33	.010	268.00		.86
DRUGS	2	2	45.00	22.50	.002	22.50		.05
ANESTHESIA	1	1	100.00	100.00	.001	100.00		.11
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	3	12	1,041.00	86.75	.013	347.00		1.12
RESTORATIVE DENTISTRY	10	55	3,764.00	68.44	.059	376.40		4.05
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	1	120.00	120.00	.001	120.00		.13
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	3	3	70.00	23.33	.003	23.33		.08
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	I 2003 THRU DE	C 2003	PAGE	1,774
MOP024	FEE-FOR-SERVICE/DENTA	<u></u>					(01/29/04
				4 4 0				

							1.1	OIVI	11111 1111111	ш	
930 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	:		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	2	\$	32.08	\$	16.04	.002	\$	32.08	\$.03
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	2		32.08		16.04	.002		32.08		.03
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	·	.00	.000	•	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	6	\$	314.97	\$	52.50	.006	\$	52.50	\$.34
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	89	361	\$	28,193.94	\$	78.10	.388	\$	316.79	\$	30.32
HOSP INPATIENT TOTAL	5	14		20,285.20		1448.94	.015		4057.04		21.81
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	5	14		20,285.20		1448.94	.015		4057.04		21.81
ACCOMMODATIONS	5	14		4,410.57		315.04	.015		882.11		4.74
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----

COLUSA COUNTY

ALL OFFIED ACCOM	_	1.4	4 410 57	215 04	015	000 11	1 71
ALL OTHER ACCOM	5	14	4,410.57	315.04	.015	882.11	4.74
ANCILLARIES	5	0	15,874.63	.00	.000	3174.93	17.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	85	347	7,908.74	22.79	.373	93.04	8.50
MEDICAL	12	17	581.20	34.19	.018	48.43	.62
SURGERY	1	2	57.32	28.66	.002	57.32	.06
PATHOLOGY	60	147	1,654.62	11.26	.158	27.58	1.78
RADIOLOGY	27	35	1,634.49	46.70	.038	60.54	1.76
ROOM USE	61	72	2,955.88	41.05	.077	48.46	3.18
CROSSOVERS/ALL OTH OUTPINT	47	74	1,025.23	13.85	.080	21.81	1.10
@COUNTY HOSPITAL TOTAL	2	18	\$ 486.11	\$ 27.01	.019	\$ 243.06	\$.52
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18	486.11	27.01	.019	243.06	.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	57.32	28.66	.002	57.32	.06
PATHOLOGY	1	7	132.07	18.87	.008	132.07	.14
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	246.39	61.60	.004	246.39	.26
CROSSOVERS/ALL OTH OUTPTNT	2	5	50.33	10.07	.005	25.17	.05
	MEDI-CAL SERVICES AN		NTH-OF-PAYMENT RE	PORT FOR JAN 2	1003 THRU DE	C 2003	- , -
	FEE-FOR-SERVICE/DENT						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR MIC - NO SOC	03 04 2A 45 4A 4	K 4M 5K 7T 82			
					MON		
930 ELIGIBLES		S OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	87	343 \$	27,707.83	•	•	318.48	•
COMM HOSP INPATIENT TOTAL	5	14	20,285.20	1448.94	.015	4057.04	21.81
HSC HOSPITALS	0	0	.00	.00	.000		.00
NON-HSC HOSPITALS TOTAL	5	14		1448.94		4057.04	21.81
ACCOMMODATIONS	5	14	-,	315.04	.015	882.11	4.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	14	4,410.57	315.04		882.11	4.74
ANCTILIARTES	5	0	15 874 63	0.0	000	3174 93	17 07

		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	87	343	\$	27,707.83	\$ 80.78	.369			29.79
COMM HOSP INPATIENT TOTAL	5	14		20,285.20	1448.94	.015	4057.04		21.81
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	5	14		20,285.20	1448.94	.015	4057.04		21.81
ACCOMMODATIONS	5	14		4,410.57	315.04	.015	882.11		4.74
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	5	14		4,410.57	315.04	.015	882.11		4.74
ANCILLARIES	5	0		15,874.63	.00	.000	3174.93		17.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	83	329		7,422.63	22.56	.354	89.43		7.98
MEDICAL	12	17		581.20	34.19	.018	48.43		.62
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	59	140		1,522.55	10.88	.151	25.81		1.64
RADIOLOGY	27	35		1,634.49	46.70	.038	60.54		1.76
ROOM USE	60	68		2,709.49	39.85	.073	45.16		2.91
CROSSOVERS/ALL OTH OUTPINT	45	69		974.90	14.13	.074	21.66		1.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	.00	.000	.00	-	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	26	67	\$	1,083.31	\$ 16.17	.072			1.16
PATHOLOGY	26	67	·	1,083.31	16.17	.072	41.67	•	1.16
XO AND OTHERS	0	0		.00	.00	.000	.00		.00

@ORGANIZED OUTPATIENT CLIN	IC 115	198 \$	16,634.31	\$ 84.01	.213 \$	144.65	\$ 17.89
CLINIC	1	1	34.82	34.82	.001	34.82	.04
SURGICENTER	2	16	548.68	34.29	.017	274.34	.59
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	113	181	16,050.81	88.68	.195	142.04	17.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2003 THRU DEC	2003	PAGE 1,776
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR MIC - NO	SOC 03 04 2A 45 4A 4B	K 4M 5K 7T 82	8E 8W		

----- MONTHLY AVERAGE -----930 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 3,126.54 \$ 29.50 .114 \$ 173.70 \$ 3.36 18 106 \$ @ALL OTHER PROVIDERS DURABLE MED. EOUIP. 1 1 .11 .00 BLOOD BANK Ω Ω 0 5 5 0 HEARING AID DISPENSERS .00 39 39 MEDICAL TRANSPORTATION .67 AMBULANCES/AIR TRANS .67 0 .00 OTHER TRANS OTHER SERVICES 0 .00 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING 1 1 .11 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 Ω OCCUPATIONAL THERAPIST .00 OPTICIAN .02 PHYSICAL THERAPIST .00 PORTABLE X-RAY 0 .00 PROSTHETIST/ORTHOTISTS 0 .00 PROSTHETICS 0 .00 ORTHOTICS .00 PSYCHOLOGIST 0 .00 36 0 SPEECH AND AUDIOLOGY 2.11 0 27 0 0 0 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS . 00 LOCAL EDUCATION AGENCIES .34 EPSDT SUPPLEMENTAL SERVICE .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 0 0 36 \$ 0 \$ ALL OTHER PROVIDERS .00 @CALIF. CHILDREN SERVICES* 2.11 @XOVER EXCLUDING STATE HOSP** 0 .000 \$.00 \$.00

PAGE 1,777 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

					MON	ITHLY AVERA	GE
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	18	13	\$ 2,891.75	\$ 222.44	1.857	160.65	\$ 413.11
@PHYSICIANS SERVICES	5	21	\$ 612.39	\$ 29.16	3.000	122.48	\$ 87.48
OUTPATIENT VISITS	3	3	162.88	54.29	.429	54.29	23.27
OFFICE VISITS	1	1	26.18	26.18	.143	26.18	3.74
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	136.70	68.35	.286	68.35	19.53
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
	0										
EXAMINATIONS	Ü	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	12		159.99		13.33	1.714		159.99		22.86
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	1	12									
ANESTHESIOLOGIST	1			159.99		13.33	1.714		159.99		22.86
OUTPATIENT SURGERY	1	1		266.87		266.87	.143		266.87		38.12
PRINCIPAL SURGEON	1	1		266.87		266.87	.143		266.87		38.12
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	U			.00		.00	.000		.00		.00
RADIOLOGY	1	3		22.65		7.55	.429		22.65		3.24
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	2		.00		.00	.286		.00		.00
@PHARMACY	2	2 7	\$	127.79	\$	18.26	1.000	Ġ	63.90	Ġ	18.26
	2	,	Ą		Ą			Ą		Ą	
PRESCRIPTION DRUGS	۷.	6		86.55		14.43	.857		43.28		12.36
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	6		86.55		14.43	.857		43.28		12.36
MEDICAL SUPPLIES	1	1		41.24		41.24	.143		41.24		5.89
@DENTIST	3	6	Ś	.00	\$.00	.857	Ś	.00	Ġ	.00
VISITS - DIAGNOSTIC	0	0	٧	.00	٧	.00	.000	Ψ.	.00	٧	.00
	0	0									
ORAL SURGERY	U	9		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.571		.00		.00
	1	7									
PROSTHETICS	U	U		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	Ü		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		.00		.00	.143		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.143		.00		.00
			_~							_	
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RE	ELOK.1	FOR JAN	2003 THRU	DEC	2003	F	PAGE 1,778
MOP024	FEE-FOR-SERVIC										01/29/04
COLUSA COUNTY	SUMMARY OF SER	VICES FOR MIC - S	OC			AID CODE	83				
							M	ГИO	THLY AVERA	GE	
07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
O, HEIGIDEE	OBLIE	OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
CODEOMEERICE	0			0.0		- ,	-			4	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
	0										
OTHER SERVICES	· ·	0	4.	.00	4.	.00	.000	4.	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
	•		۲.		۲.			4		4	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	3	\$	38.01	\$	12.67	.429	\$	38.01	\$	5.43

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	9	34	\$	2,212.52	\$	65.07		\$ 245.84	\$	316.07
HOSP INPATIENT TOTAL	2	5		1,802.72		360.54	.714	901.36		257.53
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	2	5		1,802.72		360.54	.714	901.36		257.53
ACCOMMODATIONS	2	5		187.79		37.56	.714	93.90		26.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	2	5		187.79		37.56	.714	93.90		26.83
ANCILLARIES	2	0		1,614.93		.00	.000	807.47		230.70
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	U 7	29		.00 409.80		.00 14.13	.000 4.143	.00 58.54		.00 58.54
MEDICAL	7	2		14.98		7.49	.286	7.49		2.14
SURGERY	2	2		20.82		10.41	.286	10.41		2.14
PATHOLOGY	Z /	11		34.74		3.16	1.571	8.69		4.96
RADIOLOGY	2	2		109.04		54.52	.286	54.52		15.58
ROOM USE	4	4		177.30		44.33	.571	44.33		25.33
CROSSOVERS/ALL OTH OUTPTNT	6	8		52.92		6.62	1.143	8.82		7.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	τ	.00	τ	.00	.000	.00	τ.	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV		U CES AND EXPENDITUR	EC M		יםסמים	.00	.000	.00	ъ	.00 AGE 1,779
MOP024	FEE-FOR-SERVICE		ES M	IONIH-OF-PAIMENI R	(EPOR	I FOR JAN 2	OUS THRU D	EC 2003	Р	01/29/04
COLUSA COUNTY		ICES FOR MIC - S	റ്റ			AID CODE	83			01/29/04
COLODA COUNTI	DOMMANT OF DERV	TOR MIC 5	oc			AID CODE		NTHLY AVER	CE	
07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST				COST PER
·	0.0.000	OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	34	\$	2,212.52	\$	65.07	4.857			316.07
COMM HOSP INPATIENT TOTAL	2	5	•	1,802.72	•	360.54	.714	901.36		257.53
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	2	5		1,802.72		360.54	.714	901.36		257.53
ACCOMMODATIONS	2	5		187.79		37.56	.714	93.90		26.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	2	5		187.79		37.56	.714	93.90		26.83
ANCILLARIES	2	0		1,614.93		.00	.000	807.47		230.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	7	29		409.80		14.13	4.143	58.54		58.54
MEDICAL SURGERY	2 2	2 2		14.98 20.82		$7.49 \\ 10.41$.286 .286	7.49 10.41		2.14 2.97
PATHOLOGY	4	11		34.74		3.16	1.571	8.69		4.96
FAIROLOGI	4	11		34./4		3.10	1.5/1	0.09		4.50

RADIOLOGY	2	2	109.04	54.52	.286	54.52	15.58
ROOM USE	4	4	177.30	44.33	.571	44.33	25.33
CROSSOVERS/ALL OTH OUTPINT	6	8	52.92	6.62	1.143	8.82	7.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$	
PATHOLOGY	Ô	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	Ô	0 \$	30.66	\$.00	.000 \$.00 \$	
CLINIC CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	30.66	.00	.000	.00	4.38
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON'					PAGE 1,780
MOP024	FEE-FOR-SERVICE		III OF FAIMENT KE	OKI FOR UAN A	EUUS TIIKU DEC	2005	01/29/04
COLUSA COUNTY		ICES FOR MIC - SOC		AID CODE	83		01/25/04
COLODII COUNTI	BOHHMET OF BLIEVE	TOTAL FILE BOC		MID CODE	MONT	THIY AVERAGE	?
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
07 111011110	05210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	58CR \$	129.62CR		8.286CR\$	129.62CRS	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	Ô	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	58CR	129.62CR	2.23	8.286CR	129.62CR	18.52CR
AMBULANCES/AIR TRANS	1	58CR	129.62CR	2.23	8.286CR	129.62CR	18.52CR
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0		.00			
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00		.000 \$.00 \$	
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE							
THE AMOUNTS ARE ALREADY IN		-	ABOVE.				
** THESE DATA ARE INCLUDED I					2002		D. G. 1 . C. 1
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON'	TH-OF-PAYMENT REI	PORT FOR JAN 2	ZUUS THRU DEC	2003	PAGE 1,781
MOP024	FEE-FOR-SERVICE			moma -			01/29/04
COLUSA COUNTY	SUMMARY OF SERV.	ICES FOR MEDICALLY IND	IGENT - CHILDREN	- TOTAL	1.0377		
					MONT	THLY AVERAGE	:

----- MONTHLY AVERAGE -----937 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	470	1,585	\$	87,542.04	\$	55.23	1.692	\$	186.26	\$	93.43
@PHYSICIANS SERVICES	152	299	\$	12,422.94	\$	41.55	.319	\$	81.73		13.26
OUTPATIENT VISITS	123	176	Y	5,906.18	٧	33.56	.188	Y	48.02	٧	6.30
OFFICE VISITS	95	132		3,739.27		28.33	.141		39.36		3.99
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	24	25		1,352.50		54.10	.027		56.35		1.44
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	7	19		814.41		42.86	.020		116.34		.87
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	7	22		870.05		39.55	.023		124.29		.93
	7	22		870.05		39.55	.023		124.29		
HOSPITAL VISITS	0	0									.93
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0 27		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6			2,962.29		109.71	.029		493.72		3.16
PRINCIPAL SURGEON	2	2		2,177.18		1088.59	.002		1088.59		2.32
ASSISTANT SURGEON	2	2		262.45		131.23	.002		131.23		. 28
ANESTHESIOLOGIST	3	23		522.66		22.72	.025		174.22		.56
OUTPATIENT SURGERY	12	25		1,726.50		69.06	.027		143.88		1.84
PRINCIPAL SURGEON	10	11		1,403.70		127.61	.012		140.37		1.50
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	14		322.80		23.06	.015		161.40		.34
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	14	15		45.50		3.03	.016		3.25		.05
RADIOLOGY	10	14		369.03		26.36	.015		36.90		. 39
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		6.55		6.55	.001		6.55		.01
OTHER SERVICES/ALL X-OVERS	13	19		536.84		28.25	.020		41.30		.57
@PHARMACY	216	407	\$	16,305.38	\$	40.06	.434	\$	75.49	\$	17.40
PRESCRIPTION DRUGS	211	391		16,074.76		41.11	.417		76.18		17.16
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	211	391		16,074.76		41.11	.417		76.18		17.16
MEDICAL SUPPLIES	12	16		230.62		14.41	.017		19.22		.25
@DENTIST	23	160	\$	7,277.00	\$	45.48		\$	316.39	\$	7.77
VISITS - DIAGNOSTIC	15	71		1,333.00		18.77	.076		88.87		1.42
ORAL SURGERY	3	9		804.00		89.33	.010		268.00		.86
DRUGS	2	2		45.00		22.50	.002		22.50		.05
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.11
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	3	12		1,041.00		86.75	.013		347.00		1.11
RESTORATIVE DENTISTRY	11	59		3,764.00		63.80	.063		342.18		4.02
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		120.00		120.00	.001		120.00		.13
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	4	4		70.00		17.50	.004		17.50		.07
ALL OTHER SERVICES	1	1		.00		.00			.00		.00
			ES M	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2003 THRU I	DEC	2003	PI	AGE 1,782
	FEE-FOR-SERVICE/I										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE	CES FOR MEDICAL	LY I	NDIGENT - CHILDREN	1 –	TOTAL					
							MO				
937 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
	_	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1	2	\$	32.08	\$	16.04	.002	Ş	32.08	Ş	.03
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	2		32.08		16.04	.002		32.08		.03
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00

@CHIROPRACTOR	0	0 \$.00	\$.00	.000	Ġ	.00	\$.00
VISITS	0	0	.00	т.	.00	.000	т	.00	т.	.00
	0									
OTHER SERVICES	Ü	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
	0									
RADIO./PATHOLOGY	Ü	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	6 \$	314.97	\$	52.50	.006	\$	52.50	\$.34
NURSE ANESTHESIST	1	3 \$	38.01	\$	12.67	.003		38.01	\$.04
	1	0 \$								
NURSE MIDWIFE	U		.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	98	395 \$	30,406.46	Ś	76.98	.422		310.27		32.45
HOSP INPATIENT TOTAL	7	19	22,087.92	Y	1162.52	.020	Y	3155.42	Y	23.57
	,									
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	7	19	22,087.92		1162.52	.020		3155.42		23.57
ACCOMMODATIONS	7	19	4,598.36		242.02	.020		656.91		4.91
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
	0									
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	19	4,598.36		242.02	.020		656.91		4.91
ANCILLARIES	7	0	17,489.56		.00	.000		2498.51		18.67
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
	-									
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	92	376	8,318.54		22.12	.401		90.42		8.88
MEDICAL	14	19	596.18		31.38	.020		42.58		.64
SURGERY	3	4	78.14		19.54	.004		26.05		.08
			1,689.36							
PATHOLOGY	64	158			10.69	.169		26.40		1.80
RADIOLOGY	29	37	1,743.53		47.12	.039		60.12		1.86
ROOM USE	65	76	3,133.18		41.23	.081		48.20		3.34
CROSSOVERS/ALL OTH OUTPTNT	53	82	1,078.15		13.15	.088		20.34		1.15
@COUNTY HOSPITAL TOTAL	2	18 \$		\$	27.01	.019	ċ,	243.06	ċ.	.52
	2	·		Ą			Ą		Ą	
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
	0	0								
ADMINISTRATIVE DAYS	U	U	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
	0	0								
ALL OTHER INPATIENT	U		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	18	486.11		27.01	.019		243.06		.52
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	1	2	57.32		28.66	.002		57.32		.06
	1	7	132.07		18.87	.007		132.07		.14
PATHOLOGY	<u></u>	/								
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	1	4	246.39		61.60	.004		246.39		.26
CROSSOVERS/ALL OTH OUTPTNT	2	5	50.33		10.07	.005		25.17		.05
#CALIF DEPT OF HEALTH SERV	MEDI_CAI CEDUTO	CES AND EXPENDITURES		בטטם					D7	AGE 1,783
			MONIII OF FAIRENT K	LIF OI	II FOR UAN 2	1005 11110 1	ا الدار	2005	I I	
MOP024	FEE-FOR-SERVICE									01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	INDIGENT - CHILDRE	N –	TOTAL					
						Mo	TNC	HLY AVERA	GE -	
937 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΔV	ERAGE COST					COST PER
70. 2010100	ODLIND						_ (ELIGIBLE
		OR DAYS OF CARE	66 666		R UNIT/DAY			USER		
@COMMUNITY HOSPITAL TOTAL	96	377 \$	•	\$			Ş	311.67	Ş	31.93
COMM HOSP INPATIENT TOTAL	7	19	22,087.92		1162.52	.020		3155.42		23.57
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	7	19	22,087.92		1162.52	.020		3155.42		23.57
ACCOMMODATIONS	7	19	4,598.36		242.02	.020		656.91		4.91

ADMINISTRATIVE DAYS	0	0	.0		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.0		.00	.000	.00		.00
ALL OTHER ACCOM	7	19	4,598.3	6	242.02	.020	656.91		4.91
ANCILLARIES	7	0	17,489.5	6	.00	.000	2498.51		18.67
INPATIENT CROSSOVERS	0	0	.0	0	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.0	0	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	90	358	7,832.4		21.88	.382	87.03		8.36
MEDICAL	14	19	596.1		31.38	.020	42.58		.64
SURGERY	2	2	20.8		10.41	.002	10.41		.02
PATHOLOGY	63	151	1,557.2		10.31	.161	24.72		1.66
RADIOLOGY	29	37	1,743.5		47.12	.039	60.12		1.86
	64	72				.077	45.11		3.08
ROOM USE			2,886.7		40.09				
CROSSOVERS/ALL OTH OUTPTNT		77	1,027.8		13.35	.082	20.15		1.10
@STATE HOSPITAL	0		.0		.00		\$.00	\$.00
MENTALLY ILL	0	0	.0		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.0		.00	.000	.00		.00
@NURSING FACILITY	0	0 8	.0	0 \$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0	.0	0	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.0	0	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.0	0	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.0	0	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.0		.00	.000	.00		.00
LEV B-REGULAR	0	0	.0		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		5 .0		.00	.000		\$.00
ICF DDH	0	0	.0		.00	.000	.00	Y	.00
ICF DDH	0	0	.0		.00	.000	.00		.00
	0	0							
ICF DDN/DDCN	0		.0		.00	.000	.00	4	.00
@HEMODIALYSIS TOTAL	U		\$.0	•	.00	.000	•	\$.00
HOSPITAL BASED	0	0	.0		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.0		.00	.000	.00	_	.00
@REHABILITATION FACILITY	0		.0		.00		\$.00	\$.00
HOSPITAL BASED	0	0	.0	0	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.0	0	.00	.000	.00		.00
@LABORATORY FACILITY	26	67	1,083.3	1 \$	16.17	.072	\$ 41.67	\$	1.16
PATHOLOGY	26	67	1,083.3	1	16.17	.072	41.67		1.16
XO AND OTHERS	0	0	.0	0	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	115	198	16,664.9	7 \$	84.17	.211		Ś	17.79
CLINIC	1	1	34.8		34.82	.001	34.82	-	.04
SURGICENTER	2	16	548.6		34.29	.017	274.34		.59
HEROIN DETOX CLINIC	0	0	.0		.00	.000	.00		.00
RURAL HEALTH CLINIC	113	181	16,081.4		88.85	.193	142.31		17.16
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES						D7	AGE 1,784
MOP024			5 MONIII-OF-PAIMENT	KEPOKI	I FOR UAN	2003 IIIKO D	MC 2003	FF	01/29/04
	FEE-FOR-SERVICE		/ INDICENS CUITO	ח אום	пошат				01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	Y INDIGENT - CHILD	KEN - 1	LOTAL	***		a=	
025 51 15151 55	Hanna					-	NTHLY AVERA	-	
937 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE			UNITS/DAYS			COST PER
		OR DAYS OF CARE				PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	19		2,996.9		62.44	.051			3.20
DURABLE MED. EQUIP.	1	1	99.9	9	99.99	.001	99.99		.11
BLOOD BANK	0	0	.0	0	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.0	0	.00	.000	.00		.00
MEDICAL TRANSPORTATION	6	19CR	492.7	5	25.93CR	.020CR	82.13		.53
AMBULANCES/AIR TRANS	6	19CR	492.7		25.93CR				.53
OTHER TRANS	0	0	.0		.00	.000	.00		.00
OTHER SERVICES	0	0	.0		.00	.000	.00		.00
ACUPUNCTURE	0	0	.0		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.0		.00	.000	.00		.00
	1	U 1	105.0						
GENETIC DISEASE TESTING	U T				105.00	.001	105.00		.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.0		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.0	U	.00	.000	.00		.00

OPTICIAN	1	2	16.64	8.32	.002	16.64	.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	36	1,964.09	54.56	.038	280.58	2.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	27	318.45	11.79	.029	106.15	.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	36	\$ 1,964.09	\$ 54.56	.038	\$ 280.58	\$ 2.10

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,785 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

COLUSA COUNTY	SUMMARY OF SERV.	ICES FOR	MIA - NO) SOC	- AID PAID PENDI	ING AID CODE			~
							MON'		
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	Õ		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
	0		0						
SNF/ICF/TRANS IP CARE	0		-		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	U		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		Ö		.00	.00	.000	.00	.00
@PHARMACY	0		Ö	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	Ô		0	٧	.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
-	0		0	Ş		•			•
VISITS - DIAGNOSTIC	0		-		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	U		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00	.00

PAGE 1,786 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

COLUSA COUNTY	SUMMARY OF SERVICES FO	OR MIA - N	O SOC -	AID PAID PENDIN	G AID CODE				
						MONT			
00 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES .	AVERAGE COST	UNITS/DAYS	COST PER	COST	I PER
	OR DA	AYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	Ô	0	\$		\$.00	.000 \$.00	ά.	.00
VISITS	0	0	Ÿ	.00	.00	.000	.00	Υ	.00
	0	0		.00			.00		.00
OTHER SERVICES	0	-	d		.00	.000		4	
@PODIATRIST	0	0	\$		\$.00	.000 \$.00	Þ	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	S	.00	\$.00	.000 \$; \$.00
@TOTAL HOSPITAL	0	0	Š	.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	Ô	0	4	.00	.00	.000	.00	Υ	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
	0	0							
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	Ü	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	Ô	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	Ô	0	\$		\$.00	.000 \$.00	÷	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ	.00	.00	.000	.00	Y	.00
	0	0		.00			.00		.00
HSC HOSPITALS	0	0			.00	.000			
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	Ô	ñ		.00	.00	.000	.00		.00
PATHOLOGY	0	n		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0							
ROOM USE	o	•		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	EG MONT	.00	.00	.000	.00	D 7 G =	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	FYLFINDTIOR	LES MONT	H-OF-PAYMENT REP	OKI FOR JAN 2	ZUUS THRU DEC	2 ⊿003	PAGE	1,787

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY

COLOSA COUNTI	SUMMARI OF SERV	ICES FOR MIA - NO SOC -	AID PAID PENDI	NG AID CODE	0.1		
00 ELIGIBLES	HGEDG	INTEG OF GERVICE		ATTERNACE COOR	MONTH		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
ecomminately Hoopters mount	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE \$.00
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	Ô	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	Ô	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	Ô	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	Õ	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	Õ	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	Õ	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	Õ	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	Õ	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	Õ	0 \$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0 5	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$		\$.00
CLINIC CLINIC	0	0 5	.00	.00	.000 \$.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		U ES AND EXPENDITURES MONT		DODE EOD TAN C			PAGE 1,788
MOP024	FEE-FOR-SERVICE		H-OF-PAIMENT RE	PORT FOR UAIN 2	1003 IRKO DEC	2003	01/29/04
COLUSA COUNTY		ICES FOR MIA - NO SOC -	AID DAID DENDI	MC ATD CODE	01		01/29/04
COLUSA COUNTI	SUMMARI OF SERV	ICES FOR MIA - NO SOC -	AID PAID PENDI	NG AID CODE		IT V ATTEDAC	٠ ٠
00 ELIGIBLES	USERS	IMITE OF CERVICE	EXPENDITURES	VALED VOE COOM	MONTH		COST PER
AA FITGIBIED	USEKS	UNITS OF SERVICE	FVLFINDTIOKFO		UNITS/DAYS C		
WALL OTHED DDOMINEDS	0	OR DAYS OF CARE 0 \$	0.0	PER UNIT/DAY	.000 \$	USER .00	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		•
DURABLE MED. EQUIP. BLOOD BANK	0	0	.00	.00	.000	.00	.00 .00
DITOON DAIM	U	U	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
at manage the milest tribe and stripe	3 C 3 CED3D3EE	TATEODAYA ET CAT TEERY CATE	· .				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,789
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86	

SUMMARI OF SERV	ATCES FOR MIN - N	0 200 -	PREGNANI	AID CODE	00		
					MC	ONTHLY AVERA	GE
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
25	106	\$	17,036.08	\$ 160.72	2.409	\$ 681.44	\$ 387.18
9	19	\$	1,892.70	\$ 99.62	.432	\$ 210.30	\$ 43.02
5	6		336.13	56.02	.136	67.23	7.64
3	4		115.09	28.77	.091	38.36	2.62
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
2	2		221.04	110.52	.045	110.52	5.02
0	0		.00	.00	.000	.00	.00
1	3		113.57	37.86	.068	113.57	2.58
1	3		113.57	37.86	.068	113.57	2.58
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
3	7		1,420.92	202.99	.159	473.64	32.29
2	2		1,227.80	613.90	.045	613.90	27.90
0	0		.00	.00	.000	.00	.00
1	5		193.12	38.62	.114	193.12	4.39
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE 25 106	USERS UNITS OF SERVICE OR DAYS OF CARE 25 106 \$	OR DAYS OF CARE 25	USERS UNITS OF SERVICE OR DAYS OF CARE 25 106 \$ 17,036.08 \$ 160.72 9 19 \$ 1,892.70 \$ 99.62 5 6 336.13 56.02 3 4 115.09 28.77 0 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 25 106 \$ 17,036.08 \$ 160.72 2.409 9 19 \$ 1,892.70 \$ 99.62 .432 5 6 336.13 56.02 .136 3 4 115.09 28.77 .091 0 0 0 .00 .00 .00 .00 .000 0 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE

0	0		.00		.00	.000		.00		.00
3	3		22.08		7.36	.068		7.36		.50
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
12	28	\$	714.54	\$	25.52	.636	\$	59.55	\$	16.24
12	28		714.54		25.52	.636		59.55		16.24
0	0		.00		.00	.000		.00		.00
12	28		714.54		25.52	.636		59.55		16.24
0	0		.00		.00	.000		.00		.00
3	20	\$	186.00	\$	9.30	.455	\$	62.00	\$	4.23
3	19		141.00		7.42	.432		47.00		3.20
1	1		45.00		45.00	.023		45.00		1.02
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
	0 3 0 0 0 0 12 12 12 0 3 3 3 1	12 28 0 0 12 28 0 0 3 20	12 28 0 0 12 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 3 22.08 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 12 28 \$ 714.54 12 28 714.54 0 0 .00 12 28 714.54 0 0 0 .00 3 20 \$ 186.00 3 19 141.00 1 1 45.00 0 0 .00	3 3 22.08 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 12 28 \$ 714.54 \$ 12 28 714.54 0 0 .00 12 28 714.54 0 0 .00 3 20 \$ 186.00 \$ 3 19 141.00 1 1 45.00 0 .00	3 3 22.08 7.36 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 12 28 \$ 714.54 \$ 25.52 12 28 714.54 25.52 0 0 .00 .00 12 28 714.54 25.52 0 0 .00 .00 3 20 \$ 186.00 \$ 9.30 3 19 141.00 7.42 1 1 45.00 45.00 0 .00 .00 .00	3 3 22.08 7.36 .068 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 12 28 \$ 714.54 \$ 25.52 .636 12 28 714.54 25.52 .636 0 0 .00 .00 .000 12 28 714.54 25.52 .636 0 0 .00 .00 .000 3 20 \$ 186.00 \$ 9.30 .455 3 19 141.00 7.42 .432 1 1 45.00 45.00 .023 0 0 .00 .00 .000	3 3 22.08 7.36 .068 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 12 28 \$ 714.54 \$ 25.52 .636 \$ 12 28 714.54 25.52 .636 \$ 0 0 .00 .00 .000 .000 12 28 714.54 25.52 .636 0 0 .00 .00 .000 12 28 714.54 25.52 .636 0 0 .00 .00 .000 3 20 \$ 186.00 \$ 9.30 .455 \$ 3 19 141.00 7.42 .432 1 1 45.00 .45.00 .023 0 0 .00 .00 .000	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 1,790
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R MIA - NO SOC	- PREGNANT	AID CODE	86		
					MONTE	HLY AVERAC	F

MOP024	FEE-FOR-SERVICE											01/29/04
COLUSA COUNTY	SUMMARY OF SERVI	ICES FOR	MIA - NO	SOC -	- PREGNANT		AID CODE					
								M			GE.	
44 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	S	.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	S	.00	\$.00	.000	Ė	.00	\$.00
@TOTAL HOSPITAL	9		24	S	13,350.67	Ė	556.28	.545	Ė	1483.41	\$	303.42
HOSP INPATIENT TOTAL	3		9	•	12,917.24	•	1435.25	.205	•	4305.75		293.57
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3		9		12,917.24		1435.25	.205		4305.75		293.57
ACCOMMODATIONS	3		9		3,819.60		424.40	.205		1273.20		86.81
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3		9		3,819.60		424.40	.205		1273.20		86.81
ANCILLARIES	3		0		9,097.64		.00	.000		3032.55		206.76
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7		15		433.43		28.90	.341		61.92		9.85
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	5		8		105.21		13.15	.182		21.04		2.39
RADIOLOGY	4		4		280.91		70.23	.091		70.23		6.38
ROOM USE	1		1		31.93		31.93	.023		31.93		.73
CROSSOVERS/ALL OTH OUTPTNT	1		2		15.38		7.69	.045		15.38		.35
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	•	.00	•	.00	.000	•	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 1,791
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES F	OR MIA - NO S	SOC - PREGNANT	AID CODE 8	36		
					MONTH	ILY AVERAG	E

COLUSA COUNTY	SUMMARY OF SER	VICES FOR	MIA - N	0 800 -	PREGNANT		AID CODE					
								Mo			GE	
44 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE			PER		PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9		24	\$	13,350.67	\$	556.28		\$	1483.41	\$	303.42
COMM HOSP INPATIENT TOTAL	3		9		12,917.24		1435.25	.205		4305.75		293.57
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	3		9		12,917.24		1435.25	.205		4305.75		293.57
ACCOMMODATIONS	3		9		3,819.60		424.40	.205		1273.20		86.81
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3		9		3,819.60		424.40	.205		1273.20		86.81
ANCILLARIES	3		Ő		9,097.64		.00	.000		3032.55		206.76
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7		15		433.43		28.90	.341		61.92		9.85
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	5		8		105.21		13.15	.182		21.04		2.39
RADIOLOGY	4		4		280.91		70.23	.091		70.23		6.38
ROOM USE	1		1		31.93		31.93	.023		31.93		.73
CROSSOVERS/ALL OTH OUTPTNT	1		2		15.38		7.69	.045		15.38		.35
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	¢		\$.00
MENTALLY ILL	0		0	Ÿ	.00	Ų	.00	.000	Ÿ	.00	Ÿ	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUIE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	0		0									
LEV B-REGULAR	0		0	d	.00	à	.00	.000	4	.00	4	.00
@INTERMEDIATE CARE FACILDD	U		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	U		U		.00		.00	.000		.00		.00
ICF DD	U		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00		\$		\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0 8		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3			\$	127.71	\$	15.96	.182	\$	42.57	\$	2.90
PATHOLOGY	3		8		127.71		15.96	.182		42.57		2.90
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3		6	\$	659.46	\$	109.91	.136	\$	219.82	\$	14.99
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00

109.91 .136 219.82 RURAL HEALTH CLINIC 659.46 14.99 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,792 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MONIBULIA ALIBOAGE

COLUSA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MON'	THLY AVERAGE]
44 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	105.00	\$ 105.00	.023 \$	105.00 \$	2.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.023	105.00	2.39
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARAT	E INFORMATION ITEM ON	LY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,793 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

					MON	NTHLY AVERA	GE
44 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25	106	\$ 17,036.08	\$ 160.72	2.409	681.44	\$ 387.18
@PHYSICIANS SERVICES	9	19	\$ 1,892.70	\$ 99.62	.432	210.30	\$ 43.02
OUTPATIENT VISITS	5	6	336.13	56.02	.136	67.23	7.64
OFFICE VISITS	3	4	115.09	28.77	.091	38.36	2.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	221.04	110.52	.045	110.52	5.02
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	113.57	37.86	.068	113.57	2.58
HOSPITAL VISITS	1	3	113.57	37.86	.068	113.57	2.58
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	7		1,420.92		202.99	.159		473.64		32.29
PRINCIPAL SURGEON	3 2	,		1,420.92		613.90	.045		613.90		27.90
ASSISTANT SURGEON	2			.00		.00	.000		.00		.00
	1	U									
ANESTHESIOLOGIST	1	5		193.12		38.62	.114		193.12		4.39
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	U	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	3		22.08		7.36	.068		7.36		.50
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	12	28	\$	714.54	\$	25.52	.636	\$	59.55	\$	16.24
PRESCRIPTION DRUGS	12	28		714.54		25.52	.636		59.55		16.24
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	12	28		714.54		25.52	.636		59.55		16.24
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	3	20	\$	186.00	\$	9.30	.455	\$	62.00	\$	4.23
VISITS - DIAGNOSTIC	3	19		141.00		7.42	.432		47.00		3.20
ORAL SURGERY	1	1		45.00		45.00	.023		45.00		1.02
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	Ô		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	Û	Ô		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	Û	Ô		.00		.00	.000		.00		.00
ALL OTHER SERVICES	Û	Ô		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	עסבאטדייוו מיידטאסא	RES M		ים חפים			DEC		DΛ	GE 1,794
MOP024	FEE-FOR-SERVICE/DENTAL	27 1110 1 1 0 1	LADO IV	JONIII OF FAIRBNI KE	11 01(1	. IOR DAN	2000 11110	ا تار	2005	I A	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MT2 _ 1	NIO SO	OC - TOTAI.							01/22/04
COHODA COOMII	DOMINANT OF BENVICES FOR	I-ITA - I	INO DC	C IOIAH							

COLOSA COUNTI	SOMMAN OF SERV	TCES LOK	MIA - MC) BUC -	IOIAL							
								MO	NT	HLY AVERA	GE	
44 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV1	ERAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9		24	\$	13,350.67	\$	556.28	.545	\$	1483.41	\$	303.42

HOSP INPATIENT TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
ACCOMMODATIONS	3	9	3,819.60	424.40	.205	1273.20	86.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	3,819.60	424.40	.205	1273.20	86.81
ANCILLARIES	3	0	9,097.64	.00	.000	3032.55	206.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	15	433.43	28.90	.341	61.92	9.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	105.21	13.15	.182	21.04	2.39
RADIOLOGY	4	4	280.91	70.23	.091	70.23	6.38
ROOM USE	1	1	31.93	31.93	.023	31.93	.73

CROSSOVERS/ALL OTH OUTPTNT	1	2		15.38		7.69	.045	15.3	3	.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.0) \$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.0)	.00
HSC HOSPITALS	0	0		.00		.00	.000	.0)	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.0)	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.0)	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0)	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0)	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.0)	.00
ANCILLARIES	0	0		.00		.00	.000	.0)	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0)	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0)	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.0)	.00
MEDICAL	0	0		.00		.00	.000	.0)	.00
SURGERY	0	0		.00		.00	.000	.0)	.00
PATHOLOGY	0	0		.00		.00	.000	.0)	.00
RADIOLOGY	0	0		.00		.00	.000	.0)	.00
ROOM USE	0	0		.00		.00	.000	.0)	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.0)	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-OF-PA	AYMENT RE	EPORT	FOR JAN 2	2003 THRU	DEC 2003	PI	AGE 1,795
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MIA - N	O SOC - TOTAL							

----- MONTHLY AVERAGE -----44 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @COMMUNITY HOSPITAL TOTAL 24 13,350.67 \$ 556.28 .545 \$ 1483.41 \$ 303.42 COMM HOSP INPATIENT TOTAL 9 12,917.24 1435.25 .205 4305.75 293.57 0 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL 12,917.24 1435.25 .205 4305.75 293.57 3,819.60 424.40 1273.20 ACCOMMODATIONS .205 86.81 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 .00 3,819.60 1273.20 424.40 .205 ALL OTHER ACCOM 86.81 ANCILLARIES 9,097.64 .00 .000 3032.55 206.76 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 15 433.43 28.90 .341 COMM HOSP OUTPATIENT TOTAL 61.92 9.85 MEDICAL .00 .00 .000 .00 .00 .00 SURGERY 0 .00 .000 .00 .00 105.21 13.15 21.04 2.39 PATHOLOGY .182 RADIOLOGY 280.91 70.23 .091 70.23 6.38 ROOM USE 31.93 31.93 .023 31.93 .73 CROSSOVERS/ALL OTH OUTPTNT 15.38 7.69 .045 15.38 .35 @STATE HOSPITAL .00 .00 .000 \$.00 .00 .000 MENTALLY ILL .00 .00 .00 .00 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 \$.00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .00 .00 .00 .00 ICF DD .000 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .00 @HEMODIALYSIS TOTAL .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

	2	0		0.0	4	0.0	0.00	* 00	4	0.0
@REHABILITATION FACILITY	0	Ü	Ş	.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	3	8	\$	127.71	\$	15.96	.182	\$ 42.57	\$	2.90
PATHOLOGY	3	8		127.71		15.96	.182	42.57		2.90
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	6	\$	659.46	\$	109.91	.136	\$ 219.82	\$	14.99
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	3	6		659.46		109.91	.136	219.82		14.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MO	NTH-OF-PAYMENT R	EPOR:	Γ FOR JAN	2003 THRU I	DEC 2003	P^{p}	AGE 1,796
MOP024	FEE-FOR-SERVICE/DI	ENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE	ES FOR MIA - N	O SOC	- TOTAL						
							MC	NTHLY AVERA	GE -	
44 ELIGIBLES	USERS UI	NITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER

44 ELIGIBLES	USERS	UNITS OF SERVICE		EXP	ENDITURES	AVERAGE COST			 ST PER
		OR DAYS OF CARE				PER UNIT/DAY		USER	JIGIBLE
@ALL OTHER PROVIDERS	1	1	\$		105.00	\$ 105.00	.023	\$ 105.00	\$ 2.39
DURABLE MED. EQUIP.	0	0			.00	.00	.000	.00	.00
BLOOD BANK	0	0			.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0			.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0			.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0			.00	.00	.000	.00	.00
OTHER TRANS	0	0			.00	.00	.000	.00	.00
OTHER SERVICES	0	0			.00	.00	.000	.00	.00
ACUPUNCTURE	0	0			.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1			105.00	105.00	.023	105.00	2.39
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00	.00
OPTICIAN	0	0			.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00	.00
PROSTHETICS	0	0			.00	.00	.000	.00	.00
ORTHOTICS	0	0			.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0			.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0			.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0			.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0			.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
* TOTALC IN THECE LINES ADD CIVE	M YG Y GEDY.	DATE TMEODMATION T	TTIM	ONT V ·					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLIDED IN THE APPROPRIATE DETAIL LINES ABOVE

"" IHESE DATA ARE INCLUDED	IN THE APPROPRIATE DETAIL LINES ABOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 1,797
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53	

							M	CNO	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
	0	0			.00					.00		.00
OB VISITS/COMPRE PERI	0	0					.00	.000				
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	Ô	0			.00		.00	.000		.00		.00
	0	0										
SNF/ICF/TRANS IP CARE	Ü	Ü			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		•	.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
	0	0										.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		
PRINCIPAL SURGEON	0	Ü			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
	0	0										
PRINCIPAL SURGEON	U	U			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	Ô	0			.00		.00	.000		.00		.00
	0	0										
RADIOLOGY	Ü	Ü			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	Ô	0	\$.00	\$.00	.000	\$		\$.00
	0	0	Ą			Ą			Ą		Ą	
PRESCRIPTION DRUGS	Ü	Ü			.00		.00	.000		.00		.00
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	Ω	Ω			.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$		\$.00
	0	0	Ş			Ą			Ą		Ą	
VISITS - DIAGNOSTIC	0	Ü			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
	0	0										
PERIODONTICS	U	U			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
•	0	0			.00					.00		
SPACE MAINTAINERS	U	U					.00	.000				.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITO	•	TO M			יסם שמסמי			חהם		חאמו	
		ES AND EXPENDITUR	ED IV	ION TH-OF-PAIMEN	NI KI	EPORT FO	K UAN Z	UUS IHKU	DEC	2003		1,798
MOP024	FEE-FOR-SERVICE	/DENTAL									(01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MIA - S	SOC -	- LTC		AI	D CODE !	53				
								M	IONTH	LY AVERAC	3E	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITUE	RES	AMERACI		UNITS/DAY				ST PER
00 HHIGIBHH	OBLIND	OR DAYS OF CARE		DZI DIVDITOT	CLID			PER ELIG		USER		IGIBLE
	•				0.0							-
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0			.00		.00	.000		.00		.00
EYE APPLIANCES	0	0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0			.00		.00	.000		.00		.00
	Ô	0	\$.00	\$.00	.000	Ċ	.00	¢	.00
@CHIROPRACTOR	U	-	Ą			Ą			Ą		Ą	
VISITS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
RADIO./PATHOLOGY	0				.000		
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	n é	.00	\$.00	.000 \$.00	\$.00
	0	υ ş		•			•
PEDIATRIC NURSE PRACTITIONER	U	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0 .	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0					.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0					
SURGERY	0	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 4					
@COUNTY HOSPITAL TOTAL	Ü	0 \$.00	\$.00	.000 \$.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	Ü	Ü	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEG	C 2003	PAGE 1,799
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MIA - SOC	- LTC	AID CODE	53		
0020011 0001111	DOIMMET OF DELICE	1020 1011 11211 500	210	1112 0022	MON'	דעד ע אזידים א	CF
00 ELIGIDIEG	HGEDG	INTERCOR CERTICE	EXPENDIBLEC	ATTERNACE COOR			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
		0					
ACCOMMODATIONS	0	•	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL TO CARE	Λ	Λ	0.0	0.0	000	0.0	0.0

ANCILLARIES

ALL OTHER ACCOM

TRANSITIONAL IP CARE

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INPATIENT CROSSOVERS	0	0	.00	.00	000	.00	0.0
	Ü	Ū			.000		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00 \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00 \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-OF	-PAYMENT REPO	RT FOR JAN	2003 THRU I	DEC 200	3		1,800
MOP024	FEE-FOR-SERVICE/DENTAL								01	/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MIA - S	OC - LTC		AID CODE	53				

----- MONTHLY AVERAGE -----

.00 \$

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 .00 .000 \$ @ALL OTHER PROVIDERS .00 \$.00 \$.00 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 0 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .000 OTHER TRANS .00 .00 .00 OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .000 \$ @CALIF. CHILDREN SERVICES* .00 \$.00 .00 \$.00 @XOVER EXCLUDING STATE HOSP** .00 .000 \$.00

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\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		PER
CORMOMETER	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER		IBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 4	.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 Ş	.00	•	•	.00	Ą	
HOSP INPATIENT TOTAL	0	0		.00	.000			.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0 3	.00	.00	.000	.00	Ÿ	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0						
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2003	PAGE	1,803
MOP024	FEE-FOR-SERVICE							/29/04
COLUSA COUNTY		ICES FOR MIA - SOC -	PREGNANT	AID CODE	87			=
			-		MONT	HLY AVERAG	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST	

		OR DAYS OF CARE			ΡI	ER UNIT/DAY	PER ELTC	1	USER	El	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00		.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	•	.00	.000	•	.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	٧	.00		.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Y	.00	•	.00	.000	Ÿ	.00	Ÿ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	بع	.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	\$.00		.00	.000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY @LABORATORY FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00		.00	.000	\$.00	\$.00
CLINIC CLINIC	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
	•	ES AND EXPENDITUR	רכ ו					חפכ		PAG	
MOP024	FEE-FOR-SERVICE		י כים	MONIII-OF-PAIMENT	KEFOI	XI POR UAN	2003 11110	טייכ	2003	FA	01/29/04
		ICES FOR MIA - SO	00	- DDFCNANT		AID CODE	Ω7				01/25/04
COLOGA COUNTI	SUMMAKI OF SEKV	ICES FOR MIA - 50	OC	- FREGNANT		AID CODE		ידוו∩ו	HLY AVERA	그다	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	. 27	VERAGE COST					OST PER
00 HHIGIDHIB	ОВЫКВ	OR DAYS OF CARE		HAT HAD I TOKED		ER UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00			.000		.00		.00
DURABLE MED. EQUIP.	Õ	0	٧	.00	•	.00	.000	Y	.00	Y	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRUMS	U	U		.00		.00	.000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

PAGE 1,805

01/29/04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

COLUSA COUNTY	SUMMARY OF SER	VICES FOR MIA - SO	C –	IOIAL			MC	יחדאר	III 37 - 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	C F	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/17	ACE COCT	UNITS/DAYS		HLI AVERA COST PER	_	COST PER
00 ETIGIPTES	USERS	OR DAYS OF CARE		EXPENDITORES		UNIT/DAY	PER ELIG	>	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		\$.00	\$.00		\$.00	\$.00
@PHYSICIANS SERVICES	0			.00	ş S	.00		\$.00	\$.00
	0	0	\$		Ą		.000	Ą		Ą	
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0			.00		.00			.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	U	U		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	Ü		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	Ô	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	Ô	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
	0	_	\$.00	Ś	.00	.000	۸.	.00	4	.00
@PHARMACY	0	0	Þ		Ş			Þ	.00	\$	
PRESCRIPTION DRUGS	0	0		.00		.00	.000				.00
SNF/ICF	U	•		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0		\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan 2	003 THRU DEC	2003	PAGE 1,806
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04

COLUSA COUNTY	SUMMARY OF SER	VICES FOR MIA - SOC -	TOTAL				
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.000	.00	
@CHIROPRACTOR	0	0 \$		\$.00	.000 \$.00	\$.00
VICINICION	0	0			.000	.00	.00
OTHER SERVICES	0	Ö	.00	.00	.000	.00	.00
@DODIATRICT	0	0 \$.00	\$.00	.000 \$		\$.00
WEDICINE /INTECTIONS	0	0 \$.00	.00	.000 \$.00	
MEDICINE/INVECTIONS	0	0	.00	.00	.000	.00	.00
DADIO /DATUOLOGY	0	0	.00	.00	.000	.00	.00
RADIO./PAINOLOGI	0	0	.00 .00 .00 .00	.00		.00	.00
OTHER	0		.00	.00	.000		
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		
NURSE ANESTHESIST	Ü	0 \$.00	\$.00	.000 \$		
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		
IBBININE NORSE INCETTIONER	O O	0 \$ 0 \$ 0 \$ 0 \$.00	\$.00	.000 \$		
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00 .00 .00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	. 0.0	.00	.000	.00	.00
PATHOLOGY	0	0	0.0	.00	.000	.00	.00
RADIOLOGY	0	0	0.0	.00	.000	.00	.00
ROOM USE	Ô	0	0.0	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	Ő	0	.00 .00 .00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	0.0	0.0	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00 .00 .00 .00 .00 .00 .00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	0	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 1,807
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/29/04
COLUCA COUNTY	CIMMADA OF CEDITORS E	OD MITA COC	TOTA I				

MOP024	FEE-FOR-SERVICE	DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERV	CES FOR MIA -	SOC -	TOTAL					
						MOI	NTHLY AVERAG	3E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST				OST PER
** =======	0.0	OR DAYS OF CAR			PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	010 27112 01 0711	\$.00	\$.00	.000		\$.00
COMM HOSP INPATIENT TOTAL	0	0	Y	.00	.00	.000	.00	Ų	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0							
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	U	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	Ô	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	Õ	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0	Y	.00	.00	.000	.00	Ų	.00
	0	0					.00		.00
DEVELOP. DISABLED	0	0	Ċ.	.00	.00	.000		4	
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	•		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	Ü	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	.00	.000	.00	•	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	Υ	.00	.00	.000	.00	Υ	.00
INDEPENDENT FACILITY	Õ	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
	0	0	Ą		•		•	Ą	
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	-	4	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ş	.00	\$.00	.000		\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU D	EC 2003	PAG	GE 1,808
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/29/04
COLUGA COUNTY	CIIMMADV OF CEDI	TOTO TOD MIN _	900 _	TOTAT					

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

COLUSA COUNTY

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----

PAGE 1,809

01/29/04

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 1,810
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	R FOR FUTURE	E USE				
					MONTO	ווד א מתוזא אווו	7

					MON	THLY AVERAG	Ε
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$		\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$		\$.00	.000 \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES MON	TH-OF-PAYMENT REI	PORT FOR JAN 2	2003 THRU D	EC 2003	PAGE 1,811
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE	S FOR FOR FUTURE US	E				
					MO	NTHLY AVERAG	E
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	0	DAVC OF CAPE		DEB IMITT/DAV	DED ELTC	TICED	FT.TCTRT.F

00 51 56 50 56	HARRA					300 0000		OIV I I		_	GOGE DED
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
	•	OR DAYS OF CARE		0.0		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	τ	.00	.000	т	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	Û	Ő	\$.00	\$.00	.000	Ś	.00	\$.00
ICF DDH	0	Ŏ	Y	.00	Y	.00	.000	Y	.00	٧	.00
ICF DDI	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	Ÿ	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	ė.	.00	\$.00	.000	ċ.	.00	\$.00
HOSPITAL BASED	0	0	\$.00	Ą	.00	.000	Ą	.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ċ	.00	.000	ė	.00	\$.00
@HYDOLYHOKI LWCIHIII	U	O	Ÿ	.00	Ÿ	.00	.000	ų	.00	ų	.00

PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 20	003	PAGE	1,812
MOP024	FEE-FOR-SERVICE/DEN	TAL								01	/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	RE USE								
							N	MONTHLY	Z AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	0.0 = 0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,813 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

						MOI	NTHLY AVERA	GE
44 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25	106	\$	17,036.08	\$ 160.72	2.409	681.44	\$ 387.18
@PHYSICIANS SERVICES	9	19	\$	1,892.70	\$ 99.62	.432	210.30	\$ 43.02
OUTPATIENT VISITS	5	6		336.13	56.02	.136	67.23	7.64
OFFICE VISITS	3	4		115.09	28.77	.091	38.36	2.62
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2		221.04	110.52	.045	110.52	5.02

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	1	3	113.57	37.86	.068	113.57		2.58
HOSPITAL VISITS	1	3	113.57	37.86	.068	113.57		2.58
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0						
OPHTHALMOLOGICAL SERVICES	Ü	Ü	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	7	1,420.92	202.99	.159	473.64	3	2.29
PRINCIPAL SURGEON	2	2	1,227.80	613.90	.045	613.90	2	7.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	5	193.12	38.62	.114	193.12		4.39
	1	5						
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	Ü	Ü	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	3	3	22.08	7.36	.068	7.36		.50
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	Ô	0	.00	.00	.000	.00		.00
	0	0						
IMMUNIZATION AND INJECTION	0	_	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	12	28 \$	714.54	\$ 25.52	.636 \$	59.55		6.24
PRESCRIPTION DRUGS	12	28	714.54	25.52	.636	59.55	1	6.24
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	12	28	714.54	25.52	.636	59.55	1	6.24
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	3	20 \$	186.00	\$ 9.30	.455 \$	62.00	Ġ	4.23
VISITS - DIAGNOSTIC	2	19	141.00	7.42	.432	47.00		3.20
		1	45.00					
ORAL SURGERY	1			45.00	.023	45.00		1.02
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0						
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	Ü	Ü	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	I 2003 THRU DEC	2003	PAGE	1,814
MOP024	FEE-FOR-SERVICE	DENTAL					01	/29/04
COLUSA COUNTY		CES FOR MEDICALLY	INDIGENT - ADULTS	- TOTAL				
					MONT	THIY AVERA	GE	
44 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	-	COST PER	COST	
TT EDIGIDEES	OBERD	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DA		USER		IBLE
OODEOMEED I GE	0		0.0	- ,				
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	-	.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0 \$.00	.00	.000 \$.00	Y	.00
MEDICINE/INDECTIONS	0	0	.00	.00	.000	.00		.00

0 0 0

SURGERY/ANES.

RADIO./PATHOLOGY

OTHER

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@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	24	\$ 13,350.67	\$ 556.28	.545	\$ 1483.41	\$ 303.42
HOSP INPATIENT TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	3	9	12,917.24	1435.25	.205	4305.75	293.57
ACCOMMODATIONS	3	9	3,819.60	424.40	.205	1273.20	86.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	3,819.60	424.40	.205	1273.20	86.81
ANCILLARIES	3	0	9,097.64	.00	.000	3032.55	206.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	7	15		433.43	28.90	.341	61.92	9.85
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	8		105.21	13.15	.182	21.04	2.39
RADIOLOGY	4	4		280.91	70.23	.091	70.23	6.38
ROOM USE	1	1		31.93	31.93	.023	31.93	.73
CROSSOVERS/ALL OTH OUTPINT	1	2		15.38	7.69	.045	15.38	.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF	-PAYMENT REF	PORT FOR JAN	2003 THRU DE	C 2003	PAGE 1,815
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MEDICALL	Y INDIGENT	- ADULTS -	TOTAL			
						MON	ITHLY AVERAC	SE

44 ELIGIBLES	HORDO	UNITS OF SERVICE	EXPENDITURES	ATTERACE COCE		COST PER	COST PER
44 ELIGIBLES	USERS		EXPENDITURES	AVERAGE COST			
OCOMUNITED HOODIEST HORSE	0	OR DAYS OF CARE	12 250 67	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	24 \$	13,350.67			1483.41	
COMM HOSP INPATIENT TOTAL	3	9	12,917.24		. 205	4305.75	293.57
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	9		1435.25	. 205	4305.75	
ACCOMMODATIONS	3	9	3,819.60	424.40	.205	1273.20	86.81
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	9	3,819.60	424.40	. 205	1273.20	86.81
ANCILLARIES	3	0	9,097.64	.00	.000	3032.55	206.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	15	433.43	28.90	.341	61.92	9.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	105.21	13.15	.182	21.04	2.39
RADIOLOGY	4	4	280.91	70.23	.091	70.23	6.38
ROOM USE	1	1	31.93	31.93	.023	31.93	.73
CROSSOVERS/ALL OTH OUTPTNT	1	2	15.38	7.69	.045	15.38	.35
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	Ŏ	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	
GINIBINEDIATE CARE FACILI. DD	J	o ş	.00	٠.00	٠٠٠٠ ې	.00	Ÿ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	8	\$	127.71	\$	15.96	.182	\$	42.57	\$	2.90
PATHOLOGY	3	8		127.71		15.96	.182		42.57		2.90
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	6	\$	659.46	\$	109.91	.136	\$	219.82	\$	14.99
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	6		659.46		109.91	.136		219.82		14.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURI	ES MONTH-OF	-PAYMENT I	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 1,816
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R MEDICALI	LY INDIGENT	- ADULTS	- TOI	CAL					

----- MONTHLY AVERAGE -----44 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 1 105.00 \$ 105.00 .023 \$ 105.00 \$ 2.39 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .000 .00 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 105.00 105.00 105.00 GENETIC DISEASE TESTING .023 2.39 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 OPTICIAN .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 0 .00 .00 RESPIRATORY CARE PRACT. .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** \$.00 .000 \$.00 \$.00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,817 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR ALL AGED

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

4,374 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,559	OR DAYS OF CARE 85,368 \$	2,802,854.99	\$ 32.83	19.517 \$	787.54	
@PHYSICIANS SERVICES	631	1,578 \$	34,275.04	\$ 21.72	.361 \$	54.32	\$ 7.84
OUTPATIENT VISITS	42	58	2,170.47	37.42	.013	51.68	.50
OFFICE VISITS	37	50	1,675.33	33.51	.011	45.28	.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	460.94	92.19	.001	92.19	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	3	34.20	11.40	.001	17.10	.01
INPATIENT VISITS	9	27	1,300.78	48.18	.006	144.53	.30
HOSPITAL VISITS	9	27	1,300.78	48.18	.006	144.53	.30
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	258.20	51.64	.001	64.55	.06
EXAMINATIONS	4	5	258.20	51.64	.001	64.55	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	219.04	219.04	.000	219.04	.05
PRINCIPAL SURGEON	0	0	219.04	219.04	.000	219.04	.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST OUTPATIENT SURGERY	0	15	2,908.89	193.93	.000 .003	363.61	.00 .67
PRINCIPAL SURGEON	7	9	2,786.86	309.65	.003	398.12	.64
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	122.03	20.34	.001	122.03	.03
DIALYSIS	5	10	1,200.16	120.02	.002	240.03	.27
PATHOLOGY	7	25	78.18	3.13	.006	11.17	.02
RADIOLOGY	11	21	1,159.67	55.22	.005	105.42	. 27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	34.50	17.25	.000	34.50	.01
OTHER SERVICES/ALL X-OVERS	589	1,414	24,945.15	17.64	.323	42.35	5.70
@PHARMACY	3,037	39,603 \$	890,591.02	\$ 22.49	9.054 \$		\$ 203.61
PRESCRIPTION DRUGS	2,987	12,178	862,736.59	70.84	2.784	288.83	197.24
SNF/ICF	489	3,390	185,419.60	54.70	.775	379.18	42.39
OUTPATIENTS	2,507	8,788	677,316.99	77.07	2.009	270.17	154.85
MEDICAL SUPPLIES	292	27,425	27,854.43	1.02	6.270	95.39	6.37
@DENTIST	116 73	390 \$	24,725.00	\$ 63.40	.089 \$	213.15	
VISITS - DIAGNOSTIC ORAL SURGERY	28	178 112	2,792.00 4,869.00	15.69 43.47	.041 .026	38.25 173.89	.64 1.11
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.02
PERIODONTICS	5	5	710.00	142.00	.001	142.00	.16
ENDODONTICS	1	5 1	330.00	330.00	.000	330.00	.08
RESTORATIVE DENTISTRY	13	22	1,306.00	59.36	.005	100.46	.30
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	32	68	14,588.00	214.53	.016	455.88	3.34
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN :	2003 THRU DEC	2003	PAGE 1,818
MOP024	FEE-FOR-SERVICE						01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR ALL AGED			MONTO	ערווע אזווין ארוויא עדווין	CE
4,374 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT		COST PER
1,5,1 50101000	ONERO	OR DAYS OF CARE	LIZE LINDI I OKES	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	58	153 \$	2,814.24	\$ 18.39	.035 \$		
DIAGNOSTIC AND ANC. PROCED	3	3	114.90	38.30	.001	38.30	.03

EYE APPLIANCES	43	127		2,140.16		16.85	.029		49.77		.49
OTHER OPTOMETRIC SERVICES	15	23		559.18		24.31	.005		37.28		.13
@CHIROPRACTOR	1	2	\$	23.74	\$	11.87	.000	\$	23.74	\$.01
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	2		23.74		11.87	.000		23.74		.01
@PODIATRIST	125	181	\$	1,341.64	\$	7.41	.041	\$	10.73	\$.31
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	125	181		1,341.64		7.41	.041		10.73		.31
@HOME HEALTH AGENCY	1	2	\$	8.25	\$	4.13	.000	\$	8.25	\$.00
NURSE ANESTHESIST	6	47	\$	345.20	\$	7.34	.011	\$	57.53	\$.08
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	669	3,294	\$	153,794.66	\$	46.69	.753	\$	229.89	\$	35.16
HOSP INPATIENT TOTAL	67	248		113,988.64		459.63	.057		1701.32		26.06
HSC HOSPITALS	2	3		3,279.32		1093.11	.001		1639.66		.75
NON-HSC HOSPITAL TOTAL	11	51		70,925.79		1390.70	.012		6447.80		16.22
ACCOMMODATIONS	11	51		24,511.70		480.62	.012		2228.34		5.60
ADMINISTRATIVE DAYS	1	2		456.77		228.39	.000		456.77		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	49		24,054.93		490.92	.011		2186.81		5.50
ANCILLARIES	10	0		46,414.09		.00	.000		4641.41		10.61
INPATIENT CROSSOVERS	54	194		39,783.53		205.07	.044		736.73		9.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	634	3,046		39,806.02		13.07	.696		62.79		9.10
MEDICAL	11	23		667.34		29.01	.005		60.67		.15
SURGERY	5	5		255.71		51.14	.001		51.14		.06
PATHOLOGY	24	109		1,202.77		11.03	.025		50.12		.27
RADIOLOGY	14	17		564.50		33.21	.004		40.32		.13
ROOM USE	16	23		1,297.88		56.43	.005		81.12		.30
CROSSOVERS/ALL OTH OUTPTNT	607	2,869		35,817.82		12.48	.656		59.01		8.19
@COUNTY HOSPITAL TOTAL	1	0	\$	39.32	\$.00	.000	\$	39.32	\$.01
CO HOSPITAL INPATIENT TOTAL	1	0		39.32		.00	.000		39.32		.01
HSC HOSPITALS	1	0		39.32		.00	.000		39.32		.01
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00.	TDOD	.00	.000	חחמ	.00	_	.00
#CALIF DEPT OF HEALTH SERV			KES M	IONTH-OF-PAYMENT R	(EPOR	T FOR JAN .	2003 THRU	DEC	2003	Ρ.	AGE 1,819
MOP024	FEE-FOR-SERVIC	YICES FOR ALL AG	תי								01/29/04
COLUSA COUNTY	SUMMARY OF SER	VICES FOR ALL AG	עני				M	○ NTTT	UIV AUDDA	CE	
4,374 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7.17	ERAGE COST	M				COST PER
T, J/I ELICIDIES	CAIGU	OR DAYS OF CAR		RVLRNDIIOKED		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	668	3,294		153,755.34	\$	46.68	.753		230.17		35.15
COMM HOSP INPATIENT TOTAL	66	248	ų	113,949.32	Ą	459.47	.057	ų	1726.50	ų	26.05
HSC HOSPITALS	1	3		3,240.00		1080.00	.001		3240.00		.74
TIDE TIOUT TITIED	Δ.	J		3,240.00		_000.00	.001		5210.00		. / ユ

NON-HSC HOSPITALS TOTAL	11	51	70,925.79	1390.70	.012	6447.80	16.22
ACCOMMODATIONS	11	51	24,511.70	480.62	.012	2228.34	5.60
ADMINISTRATIVE DAYS	1	2	456.77	228.39	.000	456.77	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	49	24,054.93	490.92	.011	2186.81	5.50
ANCILLARIES	10	0	46,414.09	.00	.000	4641.41	10.61
INPATIENT CROSSOVERS	54	194	39,783.53	205.07	.044	736.73	9.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	634	3,046	39,806.02	13.07	.696	62.79	9.10
MEDICAL	11	23	667.34	29.01	.005	60.67	.15
SURGERY	5	5	255.71	51.14	.001	51.14	.06
PATHOLOGY	24	109	1,202.77	11.03	.025	50.12	.27
RADIOLOGY	14	17	564.50	33.21	.004	40.32	.13
ROOM USE	16	23	1,297.88	56.43	.005	81.12	.30
CROSSOVERS/ALL OTH OUTPINT	607	2,869	35,817.82	12.48	.656	59.01	8.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	514	15,316	\$	1,519,954.66	\$	99.24	3.502	\$	2957.11	\$	347.50
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	32	1,064		113,999.07		107.14	.243		3562.47		26.06
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	482	14,252		1,405,955.59		98.65	3.258		2916.92		321.43
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	39	281	\$	23,500.79	\$	83.63	.064	\$		\$	5.37
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	39	281		23,500.79		83.63	.064		602.58		5.37
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	31	132	\$	1,877.82	\$	14.23	.030	\$	60.57	\$.43
PATHOLOGY	25	124		1,800.84		14.52	.028		72.03		.41
XO AND OTHERS	6	8		76.98		9.62	.002		12.83		.02
@ORGANIZED OUTPATIENT CLINIC	442	741	\$	43,604.65	\$	58.85		\$	98.65	\$	9.97
CLINIC	3	4		60.50		15.13	.001		20.17		.01
SURGICENTER	12	22		2,633.47		119.70	.005		219.46		.60
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	431	715		40,910.68		57.22	.163		94.92		9.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES 1	MONTH-OF-PAYMENT RI	EPOR]	r for Jan	2003 THRU	DEC	2003	P	AGE 1,820
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	R ALL A	.GED								
							M	ONT	HLY AVERA	GE ·	

4,374 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			 OST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	LIGIBLE
@ALL OTHER PROVIDERS	534	•	\$ 105,998.28	\$ 4.48	5.406		\$ 24.23
DURABLE MED. EQUIP.	39	101	33,829.15	334.94	.023	867.41	7.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	25	35	11,260.25	321.72	.008	450.41	2.57
MEDICAL TRANSPORTATION	91	13,292	34,435.64	2.59	3.039	378.41	7.87
AMBULANCES/AIR TRANS	5	37	736.11	19.89	.008	147.22	.17
OTHER TRANS	43	12,127	29,468.83	2.43	2.773	685.32	6.74
OTHER SERVICES	45	1,128	4,230.70	3.75	.258	94.02	.97
ACUPUNCTURE	2	8	129.76	16.22	.002	64.88	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	80	180	2,579.80	14.33	.041	32.25	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	13	24	19.55	.81	.005	1.50	.00
PROSTHETIST/ORTHOTISTS	8	16	379.54	23.72	.004	47.44	.09
PROSTHETICS	8	16	379.54	23.72	.004	47.44	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	11	1,715.06	155.91	.003	285.84	.39
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 307 9,981 21,649.53 2.17 2.282 70.52 4.95 @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,821

MOP024 FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR ALL BLIND 01/29/04 ----- MONTHLY AVERAGE -----

					MON'		GE
213 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	179	12,058 \$	181,694.36	\$ 15.07	56.610 \$	1015.05	\$ 853.03
@PHYSICIANS SERVICES	58	136 \$	5,401.02	\$ 39.71	.638 \$		\$ 25.36
OUTPATIENT VISITS	26	35	1,652.38	47.21	.164	63.55	7.76
OFFICE VISITS	17	19	719.60	37.87	.089	42.33	3.38
	0	0	.00	.00	.000	.00	.00
HOME VISITS	-						
EMERGENCY ROOM	4	7	516.97	73.85	.033	129.24	2.43
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	415.81	46.20	.042	51.98	1.95
INPATIENT VISITS	3	30	1,988.44	66.28	.141	662.81	9.34
HOSPITAL VISITS	3	28	1,537.32	54.90	.131	512.44	7.22
CRITICAL CARE	1	2	451.12	225.56	.009	451.12	2.12
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	94.73	31.58	.014	31.58	.44
EXAMINATIONS	3	3	94.73	31.58	.014	31.58	.44
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	1	1					
INPATIENT HOSPITAL SURGERY	1	1	358.88	358.88	.005	358.88	1.68
PRINCIPAL SURGEON	1	<u> </u>	358.88	358.88	.005	358.88	1.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	7	161.40	23.06	.033	161.40	.76
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	161.40	23.06	.033	161.40	.76
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	32.90	6.58	.023	10.97	.15
RADIOLOGY	6	16	328.10	20.51	.075	54.68	1.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
	30	39					
OTHER SERVICES/ALL X-OVERS			784.19	20.11	.183	26.14	3.68
@PHARMACY	144	3,055 \$	70,445.82	\$ 23.06	14.343 \$		
PRESCRIPTION DRUGS	144	632	65,938.77	104.33	2.967	457.91	309.57
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	144	632	65,938.77	104.33	2.967	457.91	309.57
MEDICAL SUPPLIES	20	2,423	4,507.05	1.86	11.376	225.35	21.16
@DENTIST	11	62 \$	2,001.00	\$ 32.27	.291 \$	181.91	\$ 9.39
VISITS - DIAGNOSTIC	6	41	444.00	10.83	.192	74.00	2.08
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	718.00	179.50	.019	239.33	3.37
	0	0	.00	.00	.000	.00	.00
ENDODONTICS	6	10					
RESTORATIVE DENTISTRY	-		509.00	50.90	.047	84.83	2.39
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	7	330.00	47.14	.033	110.00	1.55
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES

0 0 0 0 .00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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#CALIF DEPT OF HEALTH SERV MOP024

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR ALL BLIND 01/29/04

MOPU24	FEE-FOR-SERVICE		3.1.1 D.1.1	NTD.								01/29/04
COLUSA COUNTY	SUMMARY OF SERV	VICES FOR	ALL BLI	ND				14			aп	
212 BLIGIDIEG	HOEDO	INTEG OF	CEDITO		ENDENDIMIDEC	7. 7. 7.				THLY AVERA	ŒĔ	
213 ELIGIBLES	USERS	UNITS OF OR DAYS			EXPENDITURES		ERAGE COST R UNIT/DAY			USER		COST PER ELIGIBLE
@OPTOMETRIST	3	OR DAIS	8	\$	159.31	\$	19.91	.038		53.10	ė.	.75
DIAGNOSTIC AND ANC. PROCED	1		1	Ą	47.45	Ą	47.45	.005	Ą	47.45	Ą	. 73
EYE APPLIANCES	3		7		111.86		15.98	.033		37.29		.53
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	بغ	.00	ė.	.00
VISITS	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	4		7	\$	34.65	\$	4.95	.033	بغ	8.66	ė.	.16
MEDICINE/INJECTIONS	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0		0		.00		.00	.000		.00		.00
SURGERY/ANES. RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	4		7		34.65		4.95	.033		8.66		.16
@HOME HEALTH AGENCY	11	-	1,585	۲.		۲.	29.51	7.441	۲,	4252.29	4	219.60
NURSE ANESTHESIST	0	-	0	\$	46,775.23 .00	\$ \$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00	ې د	.00	.000			\$ \$.00
			0	\$ \$		۶ \$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	ė,				.000	Ģ			
FAMILY NURSE PRACTITIONER	42			Ģ		\$.00			.00		.00
@TOTAL HOSPITAL	6		223 41	Þ		Ş	188.21 940.39	1.047 .192	Þ	999.29 6426.00	Þ	197.04 181.01
HOSP INPATIENT TOTAL	6 2		30		38,556.00			.192		17612.00		181.01
HSC HOSPITALS	2		3 U 0		35,224.00		1174.13					
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0					.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	0		11		3,332.00		302.91	.052		833.00		15.64
ALL OTHER INPATIENT	0		0		3,332.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	37		182		3,414.05		18.76	.854		92.27		16.03
MEDICAL	3		6		113.29		18.88	.028		37.76		.53
	1		1		69.11		69.11	.028		69.11		.32
SURGERY PATHOLOGY	12		58		604.51		10.42	.272		50.38		2.84
RADIOLOGY	7		10		714.38		71.44	.047		102.05		3.35
ROOM USE	20		24		823.48		34.31	.113		41.17		3.87
	18		83		1,089.28		13.12	.390		60.52		5.11
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	بع	.00	ė.	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
10011 001	· ·		J		.00			.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .000 .00 .00 .00 .00 PAGE 1,823

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIN	JD								01/25/04
							MC	NT	HLY AVERA	GE.	
213 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	42 6 2 0	223	\$	41,970.05	\$	188.21	1.047	\$	999.29	\$	197.04
COMM HOSP INPATIENT TOTAL	6	41	•	38,556.00	•	940.39	.192		6426.00	-	181.01
HSC HOSPITALS	2	30		35,224.00		1174.13			17612.00		165.37
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000				
TRANSITIONAL IP CARE	0	0		.00					.00		.00
ALL OTHER ACCOM	0			.00		.00	.000		.00		.00
ANCILLARIES	U	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	4 0 37	11		3,332.00		302.91	.052		833.00		15.64
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	37	182		3,414.05		18.76	.854		92.27		16.03
MEDICAL	3	6		113.29		18.88	.028		37.76		.53
SURGERY	1	1		69.11		69.11	.005		69.11		.32
PATHOLOGY	12	58		604.51		10.42	.272		50.38		2.84
RADIOLOGY	7	10		714.38		71.44	.047		102.05		3.35
ROOM USE	20	24		823.48		34.31	.113		41.17		3.87
CROSSOVERS/ALL OTH OUTPTNT	18	83		1,089.28		13.12	.390		60.52		5.11
@STATE HOSPITAL	0	0	\$		\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Ψ	.00	٧	.00	.000	~	.00	٧	.00
DEVELOP. DISABLED	0	Ö		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ġ	.00	.000	Ġ	.00	Ġ	.00
LEV A-INTERMEDIATE	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0										
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	36	\$	402.67	Ś	11.19	.169	Ś	50.33	Ś	1.89
PATHOLOGY	8	36	Ψ	402.67	٧	11.19	.169	~	50.33	٧	1.89
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	28	45	\$		\$	82.81	.211	Ġ	133.09	Ġ	17.50
	0	0	Ą		Ą		.000	Ą	.00	Ą	.00
CLINIC	0			.00		.00					
SURGICENTER	-	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	28	45		3,726.44		82.81	.211		133.09	_	17.50
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT RE	EPOR'	r for Jan 2	2003 THRU I	DEC	2003	E	PAGE 1,824
MOP024	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIN	1D								
							MC				
213 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	23	6,901	\$	10,778.17	\$	1.56	32.399	\$	468.62	\$	50.60

DURABLE MED. EQUIP.	4	8	2,891.51	361.44	.038	722.88	13.58
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	34	374.12	11.00	.160	124.71	1.76
AMBULANCES/AIR TRANS	2	28	226.71	8.10	.131	113.36	1.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	6	147.41	24.57	.028	147.41	.69
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	63.98	12.80	.023	21.33	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	3	6,828	6,844.83	1.00	32.056	22	281.61	32.14
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	12	26	603.73	23.22	.122		50.31	2.83
@CALIF. CHILDREN SERVICES*	10	256	\$ 47,578.31	\$ 185.85	1.202	\$ 47	757.83	\$ 223.37
@XOVER EXCLUDING STATE HOSP**	44	141	\$ 5,172.15	\$ 36.68	.662	\$ 1	117.55	\$ 24.28

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,825

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						M	TNC	HLY AVERA	.GE	
5,810 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,859	174,893	\$ 3,693,922.77	\$	21.12	30.102	\$	760.22	\$	635.79
@PHYSICIANS SERVICES	1,181	4,896	\$ 151,757.05	\$	31.00	.843	\$	128.50	\$	26.12
OUTPATIENT VISITS	439	668	25,277.40		37.84	.115		57.58		4.35
OFFICE VISITS	345	499	16,717.06		33.50	.086		48.46		2.88
HOME VISITS	14	17	680.90		40.05	.003		48.64		.12
EMERGENCY ROOM	71	108	6,460.26		59.82	.019		90.99		1.11
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1	126.31		126.31	.000		126.31		.02
OTHER OUTPATIENT	39	43	1,292.87		30.07	.007		33.15		.22
INPATIENT VISITS	67	586	28,790.50		49.13	.101		429.71		4.96
HOSPITAL VISITS	63	513	20,818.48		40.58	.088		330.45		3.58
CRITICAL CARE	14	67	7,817.62		116.68	.012		558.40		1.35
SNF/ICF/TRANS IP CARE	3	6	154.40		25.73	.001		51.47		.03
OPHTHALMOLOGICAL SERVICES	26	27	1,177.77		43.62	.005		45.30		.20
EXAMINATIONS	26	27	1,177.77		43.62	.005		45.30		.20
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	34	239	14,618.95		61.17	.041		429.97		2.52
PRINCIPAL SURGEON	25	43	10,935.56		254.32	.007		437.42		1.88
ASSISTANT SURGEON	1	1	121.61		121.61	.000		121.61		.02
ANESTHESIOLOGIST	14	195	3,561.78		18.27	.034		254.41		.61
OUTPATIENT SURGERY	93	293	23,535.68		80.33	.050		253.07		4.05
PRINCIPAL SURGEON	77	106	19,315.86		182.23	.018		250.86		3.32
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	24	187	4,219.82		22.57	.032		175.83		.73
DIALYSIS	25	238	6,871.69		28.87	.041		274.87		1.18
PATHOLOGY	50	335	2,555.18		7.63	.058		51.10		.44
RADIOLOGY	184	420	16,738.17		39.85	.072		90.97		2.88
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	19	141	2,574.56		18.26	.024		135.50		.44
OTHER SERVICES/ALL X-OVERS	635	1,949	29,617.15		15.20	.335		46.64		5.10
@PHARMACY	4,072	37,722	\$ 1,748,666.08	\$	46.36	6.493	\$	429.44	\$	300.98
PRESCRIPTION DRUGS	4,040	17,771	1,709,410.63		96.19	3.059		423.12		294.22
SNF/ICF	100	629	34,190.92		54.36	.108		341.91		5.88
OUTPATIENTS	3,945	17,142	1,675,219.71		97.73	2.950		424.64		288.33
MEDICAL SUPPLIES	381	19,951	39,255.45		1.97	3.434		103.03		6.76
@DENTIST	155	854	\$ 28,876.00	\$	33.81	.147	\$	186.30	\$	4.97
VISITS - DIAGNOSTIC	103	553	6,250.00		11.30	.095		60.68		1.08
ORAL SURGERY	25	75	4,250.00		56.67	.013		170.00		.73

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	2	2		200.00		100.00	.000		100.00		.03
PERIODONTICS	15	19		2,464.00		129.68	.003		164.27		.42
ENDODONTICS	4	5		1,205.00		241.00	.001		301.25		.21
RESTORATIVE DENTISTRY	44	121		6,304.00		52.10	.021		143.27		1.09
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	23	61		6,850.00		112.30	.010		297.83		1.18
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		48.00		48.00	.000		48.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	6	11		1,275.00		115.91	.002		212.50		.22
ALL OTHER SERVICES	4	5		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU I	DEC	2003	P	PAGE 1,826
MOP024	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR ALL DIS	ABLED)							
							MC			_	
5,810 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	S C	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	114	291	\$	6,027.28	\$	20.71	.050	\$	52.87	\$	1.04
DIAGNOSTIC AND ANC. PROCED	39	39		1,746.87		44.79	.007		44.79		.30
EYE APPLIANCES	86	237		3,896.51		16.44	.041		45.31		.67
OTHER OPTOMETRIC SERVICES	11	15	4.	383.90	4.	25.59	.003		34.90	4.	.07
@CHIROPRACTOR	9	14	\$	195.50	\$	13.96	.002	\$	21.72	\$.03
VISITS	3	4		66.88		16.72	.001		22.29		.01
OTHER SERVICES	6	10	4.	128.62	4.	12.86	.002		21.44	4.	.02
@PODIATRIST	47	70	\$	851.60	\$	12.17		\$	18.12	Ş	.15
MEDICINE/INJECTIONS	2	3		123.40		41.13	.001		61.70		.02
SURGERY/ANES.	5	5		65.00		13.00	.001		13.00		.01
RADIO./PATHOLOGY	1 40	2		34.60		17.30	.000		34.60		.01
OTHER		60	4	628.60		10.48	.010		15.72		.11
@HOME HEALTH AGENCY	49 18	405 79	\$	21,981.66	\$	54.28	.070	\$	448.61	\$	3.78
NURSE ANESTHESIST	18	79	Ş	1,422.26	\$	18.00	.014	\$	79.01	\$. 24
NURSE MIDWIFE	•	0 1	Ş	.00 208.49	\$.00	.000	\$.00 208.49	\$.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0	0	Ş C	.00	\$	208.49	.000	\$.00	\$.04
@TOTAL HOSPITAL	1,337	7,154	Ş	818,446.94	\$ \$	114.40	.000 1.231	\$ \$	612.15	\$ \$	140.87
HOSP INPATIENT TOTAL	1,337	651	Ą	•	т.	1070.38	.112	Ą	5955.73	Ą	119.93
HSC HOSPITALS	117	267		696,820.03 303,557.00		1136.92	.112	1	15976.68		52.25
NON-HSC HOSPITAL TOTAL	53	181				1948.22	.046		6653.36		52.25 60.69
ACCOMMODATIONS	53	181		352,628.20 92,526.75		511.20	.031		1745.79		15.93
ACCOMMODATIONS ADMINISTRATIVE DAYS	3	32		7,184.02		224.50	.006		2394.67		1.24
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
TRANSTITONAL IF CARE	U	U		.00		.00	.000		.00		.00

149

0

203

310

72

394

544

61

55

16

21

21

21

0

6,503

1,570

3,613

0

52

49

0

179

68

399

251

370

799

1,274

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

85,342.73

40,634.83

.00

260,101.45

121,626.91

13,247.60

4,164.62

16,989.31

21,535.52

23,993.74

41,696.12

42,890.50

42,712.37

21,632.00

20,240.37

4,857.30

4,857.30

.00

572.77

.00

200.17

.00

18.70

42.73

57.84

10.82

54.66

44.11

11.54

703.12

776.59

963.83

231.30

231.30

.00

1352.00

.026

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.012

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1.119

1706.85

5001.95

829.28

95.47

74.01

61.24

42.58

85.80

64.85

52.19

\$ 10722.63 \$

21356.19

21632.00

20240.37

4857.30

4857.30

.00

.00

14.69

44.77

20.93

2.28

.72

2.92

3.71

4.13

7.18

7.38

7.35

3.72

3.48

.84

.84

.00

6.99

.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	15,383.07	.00	.000	15383.07	2.65
INPATIENT CROSSOVERS	1	18	840.00	46.67	.003	840.00	.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	6	178.13	29.69	.001	89.07	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	6	178.13	29.69	.001	89.07	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 1,827
MOP024	FEE-FOR-SERVICE/	DENTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR ALL DISABLED					
					MO	NTHLY AVERA	GE
5,810 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,335	7,093 \$	775,556.44	\$ 109.34	1.221	\$ 580.94	\$ 133.49
COMM HOSP INPATIENT TOTAL	115	596	654,107.66	1097.50	.103	5687.89	112.58
HSC HOSPITALS	18	251	281,925.00	1123.21	.043	15662.50	48.52
NON-HSC HOSPITALS TOTAL	52	160	332,387.83	2077.42	.028	6392.07	57.21
ACCOMMODATIONS	52	160	87,669.45	547.93	.028	1685.95	15.09
ADMINISTRATIVE DAYS	2	11	2,326.72	211.52	.002	1163.36	.40
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	50	149	85,342.73	572.77	.026	1706.85	14.69
ANCILLARIES	51	0	244,718.38	.00	.000	4798.40	42.12
INPATIENT CROSSOVERS	48	185	39,794.83	215.11	.032	829.06	6.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,273	6,497	121,448.78	18.69	1.118	95.40	20.90
MEDICAL	179	310	13,247.60	42.73	.053	74.01	2.28
SURGERY	68	72	4,164.62	57.84	.012	61.24	.72
PATHOLOGY	399	1,570	16,989.31	10.82	.270	42.58	2.92
RADIOLOGY	251	394	21,535.52	54.66	.068	85.80	3.71
DOOM HOE	270	E 4.4	22 002 74	44 11	004	64.05	4 12

HSC HOSPITALS	18	251		281,925.00		1123.21	.043		15662.50		48.52
NON-HSC HOSPITALS TOTAL	52	160					.028		6392.07		57.21
ACCOMMODATIONS	52	160		87,669.45		2077.42 547.93	.028		1685.95		15.09
ADMINISTRATIVE DAYS	2	11		2,326.72		211.52	.002		1163.36		.40
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	50	149		85,342.73		572.77	.026		1706.85		14.69
ANCILLARIES	50 51	0		244,718.38		.00	.000		4798.40		42.12
INPATIENT CROSSOVERS	48	185		39,794.83		215.11	.032		829.06		6.85
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	-	6,497		121,448.78		18.69	1.118		95.40		20.90
MEDICAL	179	310		13,247.60		42.73	.053		74.01		2.28
SURGERY	68	72		4,164.62		57.84	.012		61.24		.72
PATHOLOGY	399	1,570		16,989.31		10.82	.270		42.58		2.92
RADIOLOGY	251	394		21,535.52		54.66	.068		85.80		3.71
ROOM USE	370	544		23,993.74		44.11	.094		64.85		4.13
	798	3,607		41,517.99		11.51	.621		52.03		7.15
@STATE HOSPITAL	0	0	\$		\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	Ő	٧	.00	٧	.00	.000	٧	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	86	2,555	\$	282,456.08	Ś			Ś	3284.37		48.62
LEV A-INTERMEDIATE	0	0	т	.00	τ	.00	.000	Τ.	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	86	2,555		282,456.08		110.55	.440		3284.37		48.62
@INTERMEDIATE CARE FACILDD	86 23	765	\$	122,536.97	Ś	160.18	.132	\$	5327.69	Ġ	21.09
ICF DDH	13	366		54,594.22		149.16	.063		4199.56		9.40
ICF DD	1	22		2,834.92		149.16 128.86	.004		2834.92		. 49
ICF DDN/DDCN	9	377					.065		7234.20		11.21
@HEMODIALYSIS TOTAL	85	2,103	\$	80,769.43	\$	38.41	.362	\$	950.23	\$	13.90
HOSPITAL BASED	0	. 0	•	.00	·	.00	.000		.00	·	.00
HEMODIALYSIS CENTER	85	2,103		80,769.43		38.41	.362		950.23		13.90
@REHABILITATION FACILITY	4	66	\$	1,351.70	\$.011	\$		\$.23
HOSPITAL BASED	4	66	•	1,351.70	·	20.48	.011		337.93	·	.23
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	212	788	\$	12,504.22	\$	15.87	.136	\$	58.98	\$	2.15
PATHOLOGY	208	783	•	12,477.03	·	15.93	.135	·	59.99	Ċ	2.15
XO AND OTHERS	4	5		27.19		5.44	.001		6.80		.00
@ORGANIZED OUTPATIENT CLINIC	1,110	1,875	\$	150,714.77	\$	80.38	.323	\$			25.94
CLINIC	21	38	•	3,446.76	•	90.70	.007		164.13		.59

23 1,815.53 78.94 .004 181.55 SURGICENTER 10 .31 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 .00 RURAL HEALTH CLINIC 1,088 1,814 145,452.48 80.18 .312 133.69 25.03 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 1,828 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						MC	NTHLY AVERA	GE -	
5,810 ELIGIBLES	USERS U	NITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	984	115,255	\$	265,156.74	\$ 2.30	19.837	\$ 269.47	\$	45.64
DURABLE MED. EQUIP.	93	276		78,205.21	283.35	.048	840.92		13.46
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	18	38		5,089.27	133.93	.007	282.74		.88
MEDICAL TRANSPORTATION	164	12,273		87,337.78	7.12	2.112	532.55		15.03
AMBULANCES/AIR TRANS	88	1,505		24,547.39	16.31	.259	278.95		4.23
OTHER TRANS	54	9,552		31,233.96	3.27	1.644	578.41		5.38
OTHER SERVICES	45	1,216		31,556.43	25.95	.209	701.25		5.43
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	18		2,353.25	130.74	.003	392.21		.41
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	119	264		3,310.27	12.54	.045	27.82		.57
PHYSICAL THERAPIST	2	6		92.82	15.47	.001	46.41		.02
PORTABLE X-RAY	7	13		11.34	.87	.002	1.62		.00
PROSTHETIST/ORTHOTISTS	10	45		5,102.06	113.38	.008	510.21		.88
PROSTHETICS	9	14		1,111.46	79.39	.002	123.50		.19
ORTHOTICS	1	31		3,990.60	128.73	.005	3990.60		.69
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	36	146		5,457.01	37.38	.025	151.58		.94
HOSPICE SERVICES	1	4		432.16	108.04	.001	432.16		.07
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	49	7,557		26,141.66	3.46	1.301	533.50		4.50
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	568	94,615		51,623.91	.55	16.285	90.89		8.89
@CALIF. CHILDREN SERVICES*	64	1,819	\$	33,504.71	\$ 18.42	.313	\$ 523.51	\$	5.77
@XOVER EXCLUDING STATE HOSP**	1,319	16,297	\$	183,663.31	\$ 11.27	2.805	\$ 139.24	\$	31.61
@* TOTALS IN THESE LINES ARE GI	VEN AS A SEPARAT	E INFORMATION	TTEM	ONLY;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,829 FEE-FOR-SERVICE/DENTAL 01/29/04

MONTHITY ATTENANT

COLUSA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

0020011 0001111	001111111111111111111111111111111111111	VIOLO 1010 11111 11111111111	•				
					MOI	NTHLY AVERA	GE
35,919 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15,652	83,103 \$	4,536,719.91	\$ 54.59	2.314	\$ 289.85	\$ 126.30
@PHYSICIANS SERVICES	3,912	10,944 \$	549,329.69	\$ 50.19	.305	\$ 140.42	\$ 15.29
OUTPATIENT VISITS	2,757	3,818	137,816.43	36.10	.106	49.99	3.84
OFFICE VISITS	2,147	2,930	87,733.35	29.94	.082	40.86	2.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	486	626	31,961.79	51.06	.017	65.77	.89
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	127	167	15,323.73	91.76	.005	120.66	.43
OTHER OUTPATIENT	83	95	2,797.56	29.45	.003	33.71	.08
INPATIENT VISITS	270	1,217	83,954.52	68.98	.034	310.94	2.34
HOSPITAL VISITS	263	902	39,751.64	44.07	.025	151.15	1.11
CRITICAL CARE	28	315	44,202.88	140.33	.009	1578.67	1.23

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	•	•	0.0	0.0	0.00	0.0	0.0
SNF/ICF/TRANS IP CARE	Ü	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	89	112	5,315.42	47.46	.003	59.72	.15
EXAMINATIONS	89	112	5,315.42	47.46	.003	59.72	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	225	791	164,555.64	208.03	.022	731.36	4.58
PRINCIPAL SURGEON	174	210	146,601.80	698.10	.006	842.54	4.08
ASSISTANT SURGEON	32	32	5,609.15	175.29	.001	175.29	.16
ANESTHESIOLOGIST	51	549	12,344.69	22.49	.015	242.05	.34
OUTPATIENT SURGERY	419	1,027	65,441.77	63.72	.029	156.19	1.82
PRINCIPAL SURGEON	333	489	50,552.57	103.38	.014	151.81	1.41
ASSISTANT SURGEON	12	12	1,547.14	128.93	.000	128.93	.04
ANESTHESIOLOGIST	93	526	13,342.06	25.37	.015	143.46	.37
DIALYSIS	3	14	528.08	37.72	.000	176.03	.01
PATHOLOGY	529	806	6,488.47	8.05	.022	12.27	.18
RADIOLOGY	383	837	36,265.36	43.33	.023	94.69	1.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	76	565	13,436.38		23.78	.016	176.79		.37
OTHER SERVICES/ALL X-OVERS	514	1,757	35,527.62		20.22	.049	69.12		.99
@PHARMACY	7,925	25,097 \$	830,752.93	Ġ	33.10	.699		\$	23.13
PRESCRIPTION DRUGS	7.832	16,779	810,568.41	т.	48.31	.467	103.49	т.	22.57
SNF/ICF	,,002	0	.00		.00	.000	.00		.00
OUTPATIENTS	7 832	16,779	810,568.41		48.31	.467	103.49		22.57
MEDICAL SUPPLIES	218	8,318	20,184.52		2.43	.232	92.59		.56
@DENTIST	967	4,634 \$	171,900.75	\$	37.10	.129		Ś	4.79
VISITS - DIAGNOSTIC	589	2,761	38,140.50	٧	13.81	.077	64.75	Υ	1.06
ORAL SURGERY	122	235	14,151.00		60.22	.007	115.99		.39
DRIIGG	26	255	575.00		22.12	.001	22.12		.02
λΝΕΟΤΙΕΟΤΛ	11	11	1,100.00		100.00	.000	100.00		.03
DEDIODOMAIG	27	27	4,365.00		161.67	.001	161.67		.12
FNDODONTICS	27	188	20,070.00		106.76	.005	233.37		.56
DECTODATIVE DENTITOTOV	201	1,195	75,241.25		62.96	.033	197.48		2.09
DDOCTURTICS DENIISIKI	301	1,193	30.00		30.00	.000	30.00		.00
DEMANDES CANADIVADO	7	$\overset{\mathtt{L}}{14}$	2,133.00		152.36	.000	304.71		.06
ODAGE MAINTAINEDG	,	14	•			.000	96.00		.01
SPACE MAINIAINERS	5	6 7	480.00 340.00		80.00 48.57		48.57		.01
MAXILLUFACIAL SERVICES	/	0				.000			.00
PRACTURES, DISLOCATIONS	116	152	.00		.00	.000	.00		
ORTHODONITC SERVICES	116	152	14,825.00		97.53	.004	127.80		. 41
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	T2	11 CES AND EXPENDITURES MON	450.00		40.91	.000	30.00	_	.01 AGE 1,830
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	SES AND EXPENDITURES MOD	NIH-OF-PAYMENI R	EPORI	I FOR JAN .	2003 IHRU D	EC 2003	P	01/29/04
MOP024	FEE-FOR-SERVICE	•							01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES					MINISTER 357003	aп	
2E 010 ELIGIBLES	HOEDO	INTEG OF CERTICE	EXPENDITURES	77.7.7			NTHLY AVERA COST PER	_	COST PER
35,919 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS	USER		COSI PER ELIGIBLE
	255	OR DAYS OF CARE 660 \$	15,783.86	РЕГ \$	23.91	PER ELIG .018			.44
@OPTOMETRIST	255 182	184	•	Ş	45.92		\$ 61.90 46.43	Þ	.24
DIAGNOSTIC AND ANC. PROCED	182 171		8,449.47			.005			.24
EYE APPLIANCES		470	7,186.24		15.29	.013	42.02		
OTHER OPTOMETRIC SERVICES	6	6	148.15	4	24.69	.000	24.69	4	.00
@CHIROPRACTOR	11	19 \$ 19	305.14	\$	16.06	.001		Ş	.01
VISITS	11		305.14		16.06	.001	27.74		.01
OTHER SERVICES	1 2	0 25 \$.00	4	.00	.000	.00	4	.00
@PODIATRIST	11 11 0 13 9 2 0 3 108	- '	486.96	\$	19.48	.001	•	Ş	.01
MEDICINE/INJECTIONS	9	11	266.95		24.27	.000	29.66		.01
SURGERY/ANES.	2	3	148.29		49.43	.000	74.15		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	3	11	71.72		6.52	.000	23.91	_	.00
@HOME HEALTH AGENCY	108	146 \$	8,480.04	Ş	58.08	.004		\$. 24
NURSE ANESTHESIST	84	451 \$	8,517.46	\$	18.89		\$ 101.40	\$.24
NURSE MIDWIFE	3	10 \$	937.40	\$	93.74		\$ 312.47	\$.03
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER							4 40 00	4	
	4	10 \$	171.96	\$	17.20	.000		\$.00
@TOTAL HOSPITAL	3,523	14,127 \$	2,025,477.14		143.38	.393	\$ 574.93	\$	56.39
HOSP INPATIENT TOTAL	3,523 260	14,127 \$ 1,222	2,025,477.14 1,681,608.57		143.38 1376.11	.393	\$ 574.93 6467.73		56.39 46.82
	3,523	14,127 \$	2,025,477.14		143.38	.393	\$ 574.93		56.39

1,079,022.54

256,990.09

256,990.09

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NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL

217

217

217

217

3,384

1,946

483

240

0

3

0

780

780

780

0

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0

11

685

258

5,177

12,905

RADIOLOGY	1,142	1,813	87,608.69	48.32	.050	76.72	2.44
ROOM USE	1,956	2,550	111,461.47	43.71	.071	56.98	3.10
CROSSOVERS/ALL OTH OUTPTNT	1,232	2,330	50,933.67	21.03	.067	41.34	1.42
@COUNTY HOSPITAL TOTAL	1,232	2,422 61 \$	25,728.23	\$ 421.77			\$.72
CO HOSPITAL INPATIENT TOTAL	2	22	24,200.03	1100.00	.002 \$	12100.02	.67
HSC HOSPITALS	2	22	24,200.03	1100.00	.001	12100.02	.67
	0	0	,			.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	•	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	10	39	1,528.20	39.18	.001	152.82	.04
MEDICAL	2	2	99.32	49.66	.000	49.66	.00
SURGERY	3	5	127.95	25.59	.000	42.65	.00
PATHOLOGY	3	9	190.62	21.18	.000	63.54	.01
RADIOLOGY	1	1	143.29	143.29	.000	143.29	.00
ROOM USE	7	12	415.35	34.61	.000	59.34	.01
CROSSOVERS/ALL OTH OUTPTNT	7	10	551.67	55.17	.000	78.81	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MONT	TH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 1,831
MOP024	FEE-FOR-SERVIC	E/DENTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SER	VICES FOR ALL FAMILIES					
					MONT	THLY AVERAG	GE
35,919 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
·		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,513	14,066 \$	1,999,748.91	\$ 142.17	.392 \$	569.24	\$ 55.67
COMM HOSP INPATIENT TOTAL	259	1,200	1,657,408.54	1381.17	.033	6399.26	46.14
HSC HOSPITALS	40	409	575,894.00	1408.05	.011	14397.35	16.03
NON-HSC HOSPITALS TOTAL	217	780	1,079,022.54	1383.36	.022	4972.45	30.04
ACCOMMODATIONS	217	780	256,990.09	329.47	.022	1184.29	7.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	217	780	256,990.09	329.47	.022	1184.29	7.15
ANCILLARIES	217	0	822,032.45	.00	.000	3788.17	22.89
INPATIENT CROSSOVERS	3	11	2,492.00	226.55	.000	830.67	.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,374	12,866	342,340.37	26.61	.358	101.46	9.53
MEDICAL	481	683	26,734.60	39.14	.019	55.58	.74
SURGERY	237	253	11,665.62	46.11	.007	49.22	.32
PATHOLOGY	1,943	5,168	55,046.63	10.65	.144	28.33	1.53
RADIOLOGY	1,141	1,812	87,465.40	48.27	.050	76.66	2.44
ROOM USE	1,141	2,538		43.75	.050	56.98	3.09
	•		111,046.12				
CROSSOVERS/ALL OTH OUTPTNT	1,225 0	2,412	50,382.00	20.89	.067	41.13	1.40
@STATE HOSPITAL	0	0 \$ 0	.00	\$.00	.000 \$		\$.00
MENTALLY ILL	Ü		.00	.00	.000	.00	.00
DEVELOP. DISABLED	Ü	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	14	303		12,120.47		40.00	.008	865.75		.34
@REHABILITATION FACILITY	5	21	\$	773.21	. \$	36.82	.001	\$ 154.64	\$.02
HOSPITAL BASED	4	10		597.44		59.74	.000	149.36		.02
INDEPENDENT FACILITY	1	11		175.77		15.98	.000	175.77		.00
@LABORATORY FACILITY	1,192	3,776	\$	59,279.04	\$	15.70	.105	\$ 49.73	\$	1.65
PATHOLOGY	1,192	3,776		59,279.04		15.70	.105	49.73		1.65
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	5,536	8,737	\$	710,403.75	\$	81.31	.243	\$ 128.32	\$	19.78
CLINIC	125	353		13,692.83		38.79	.010	109.54		.38
SURGICENTER	41	262		9,181.65		35.04	.007	223.94		.26
HEROIN DETOX CLINIC	1	20		231.69		11.58	.001	231.69		.01
RURAL HEALTH CLINIC	5,399	8,102		687,297.58		84.83	.226	127.30		19.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU I	DEC 2003	P	AGE 1,832
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR ALL FA	MILIE	ES						
							MO	ONTHLY AVERA	AGE	
35,919 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG			ELIGIBLE
@ALL OTHER PROVIDERS	1.253	14.143	Ś	142.000.11	Ś	10.04	. 394	\$ 113.33	Ś	3.95

35,919 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES	AVERAGE COST PER UNIT/DAY			COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1 252		<u>.</u>	142 000 11	\$ 10.04				
DURABLE MED. EQUIP.	1,253 58	14,143 74	Ą	142,000.11 13,348.59	180.39	.394 .002	230.15	۶ 3.95 37 .37	
BLOOD BANK	20	74		13,340.59	.00	.002	.00	.00	
HEARING AID DISPENSERS	1	1		25.00	25.00	.000	25.00	.00	
MEDICAL TRANSPORTATION	194	8,513		68,806.94	8.08	.237	354.67	1.92	
AMBULANCES/AIR TRANS	187					.092	196.21		
	187	3,313		36,691.56	11.08			1.02	
OTHER TRANS	14	5,093		9,106.42	1.79	.142	2276.61	. 25	
OTHER SERVICES	14	107		23,008.96	215.04	.003	1643.50	.64	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		20.30	.00	.000	.00	.00	
GENETIC DISEASE TESTING	46	46		4,727.50	102.77	.001	102.77	.13	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	240	509		4,957.74	9.74	.014	20.66	.14	
PHYSICAL THERAPIST	1	1		34.84	34.84	.000	34.84	.00)
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00)
PROSTHETIST/ORTHOTISTS	19	32		1,845.71	57.68	.001	97.14	.05	5
PROSTHETICS	17	30		1,660.52	55.35	.001	97.68	.05	5
ORTHOTICS	2	2		185.19	92.60	.000	92.60	.01	Ĺ
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00)
SPEECH AND AUDIOLOGY	20	37		1,536.69	41.53	.001	76.83	.04	1
HOSPICE SERVICES	1	34		4,159.22	122.33	.001	4159.22	.12	2
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00)
LOCAL EDUCATION AGENCIES	673	3,896		40,946.68	10.51	.108	60.84	1.14	1
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	9	1,000		1,590.90	1.59	.028	176.77	.04	
@CALIF. CHILDREN SERVICES*	147	1,618	Ś		\$ 289.92	.045			
@XOVER EXCLUDING STATE HOSP**	57	1,194	\$	15,035.99	\$ 12.59	.033	\$ 263.79		

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,833 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

						MOI	NTHLY AVERA	GE	
981 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	495	1,691	\$ 104,578.12	\$	61.84	1.724	211.27	\$	106.60
@PHYSICIANS SERVICES	161	318	\$ 14,315.64	\$	45.02	.324	88.92	\$	14.59

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	128	182		6,242.31	34.30	.186	48.77	6.36
OFFICE VISITS	98	136		3,854.36	28.34	.139	39.33	3.93
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	24	25		1,352.50	54.10	.025	56.35	1.38
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	9	21		1,035.45	49.31	.021	115.05	1.06
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	8	25		983.62	39.34	.025	122.95	1.00
HOSPITAL VISITS	8	25		983.62	39.34	.025	122.95	1.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0						
SERVICES AND MATERIALS	0			.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	34		4,383.21	128.92	.035	487.02	4.47
PRINCIPAL SURGEON	4	4		3,404.98	851.25	.004	851.25	3.47
ASSISTANT SURGEON	2	2		262.45	131.23	.002	131.23	. 27
ANESTHESIOLOGIST	4	28		715.78	25.56	.029	178.95	.73
OUTPATIENT SURGERY	12	25		1,726.50	69.06	.025	143.88	1.76
PRINCIPAL SURGEON	10	11		1,403.70	127.61	.011	140.37	1.43
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14		322.80	23.06	.014	161.40	.33
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	17	18		67.58	3.75	.018	3.98	.07
RADIOLOGY	10	14		369.03	26.36	.014	36.90	.38
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		6.55	6.55	.001	6.55	.01
OTHER SERVICES/ALL X-OVERS	13	19		536.84	28.25	.019	41.30	.55
@PHARMACY	228	435	\$	17,019.92	\$ 39.13	.443	\$ 74.65	\$ 17.35
PRESCRIPTION DRUGS	223	419		16,789.30	40.07	.427	75.29	17.11
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	223	419		16,789.30	40.07	.427	75.29	17.11
MEDICAL SUPPLIES	12	16		230.62	14.41	.016	19.22	.24
@DENTIST	26	180	\$	7,463.00	\$ 41.46	.183		
VISITS - DIAGNOSTIC	18	90	•	1,474.00	16.38	.092	81.89	1.50
ORAL SURGERY	4	10		849.00	84.90	.010	212.25	.87
DRUGS	2	2		45.00	22.50	.002	22.50	.05
ANESTHESIA	_ 1	$\overline{1}$		100.00	100.00	.001	100.00	.10
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	12		1,041.00	86.75	.012	347.00	1.06
RESTORATIVE DENTISTRY	11	59		3,764.00	63.80	.060	342.18	3.84
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00	120.00	.001	120.00	.12
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	4						
ORTHODONTIC SERVICES	1	1		70.00	17.50 .00	.004 .001	17.50 .00	.07
ALL OTHER SERVICES			DO MO					.00 PAGE 1,834
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 IRKU 1	DEC 2003	
MOP024	FEE-FOR-SERVICE		T C 3 T 1	TAL TAID TOTAIN				01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR ALL MED	LCALI	LY INDIGENT		3.67	ONTERES 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	C.D.
001 51 10151 50	Hanna						ONTHLY AVERA	-
981 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
CODMONTERDICA	1	OR DAYS OF CARE		30.00	PER UNIT/DAY	_		ELIGIBLE
@OPTOMETRIST	1	2	\$	32.08	\$ 16.04	.002	•	•
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	1	2		32.08	16.04	.002	32.08	.03
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0		.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	6	\$ 314.97	\$ 52.50	.006	\$ 52.50	\$.32
NURSE ANESTHESIST	1	3	\$ 38.01	\$ 12.67	.003	\$ 38.01	\$.04
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	107	419	\$ 43,757.13	\$ 104.43	.427	\$ 408.95	\$ 44.60
HOSP INPATIENT TOTAL	10	28	35,005.16	1250.18	.029	3500.52	35.68
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	10	28	35,005.16	1250.18	.029	3500.52	35.68
ACCOMMODATIONS	10	28	8,417.96	300.64	.029	841.80	8.58

	_	_						
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	28		8,417.96	300.64	.029	841.80	8.58
ANCILLARIES	10	0		26,587.20	.00	.000	2658.72	27.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	99	391		8,751.97	22.38	.399	88.40	8.92
MEDICAL	14	19		596.18	31.38	.019	42.58	.61
SURGERY	3	4		78.14	19.54	.004	26.05	.08
PATHOLOGY	69	166		1,794.57	10.81	.169	26.01	1.83
RADIOLOGY	33	41		2,024.44	49.38	.042	61.35	2.06
ROOM USE	66	77		3,165.11	41.11	.078	47.96	3.23
CROSSOVERS/ALL OTH OUTPTNT	54	84		1,093.53	13.02	.086	20.25	1.11
@COUNTY HOSPITAL TOTAL	2	18	\$	486.11	\$ 27.01	.018	\$ 243.06	\$.50
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	18		486.11	27.01	.018	243.06	.50
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	2		57.32	28.66	.002	57.32	.06
PATHOLOGY	1	7		132.07	18.87	.007	132.07	.13
RADIOLOGY	0	Ó		.00	.00	.000	.00	.00
ROOM USE	1	4		246.39	61.60	.004	246.39	.25
CROSSOVERS/ALL OTH OUTPINT	2	5		50.33	10.07	.005	25.17	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XDENDITI	RES MO				DEC 2003	PAGE 1,835
MOP024	FEE-FOR-SERVICE/DENTAL	222 11110 1 1 0	TCLO M	SITTLE OF THE PROPERTY IN	LI CICI I CIC UAIN	2005 11110	2003	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	дт.т. мп	DTCAT.	LY INDIGENT				01/25/01
0010011 0001111	Sommer of Blicviols for	1.111	2 1 01 1111			M	ONTHLY AVERA	GE
						1-1	OLVILLE TIVELE	

981 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COS	ST PER COST P
OR DAYS OF CARE PER UNIT/DAY PER ELIG U	USER ELIGIB
@COMMUNITY HOSPITAL TOTAL 105 401 \$ 43,271.02 \$ 107.91 .409 \$ 4	412.10 \$ 44.
COMM HOSP INPATIENT TOTAL 10 28 35,005.16 1250.18 .029 35	500.52 35.
HSC HOSPITALS 0 0 .00 .00 .00	.00 .
NON-HSC HOSPITALS TOTAL 10 28 35,005.16 1250.18 .029 35	500.52 35.
ACCOMMODATIONS 10 28 8,417.96 300.64 .029 8	841.80 8.
ADMINISTRATIVE DAYS 0 0 .00 .00 .00	.00 .
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	.00 .
ALL OTHER ACCOM 10 28 8,417.96 300.64 .029 8	841.80 8.
ANCILLARIES 10 0 26,587.20 .00 .000 26	658.72 27.
INPATIENT CROSSOVERS 0 0 .00 .00 .00	.00 .
ALL OTHER INPATIENT 0 0 .00 .00 .00	.00 .
COMM HOSP OUTPATIENT TOTAL 97 373 8,265.86 22.16 .380	85.22 8.
MEDICAL 14 19 596.18 31.38 .019	42.58 .
SURGERY 2 2 20.82 10.41 .002	10.41 .
PATHOLOGY 68 159 1,662.50 10.46 .162	24.45 1.
RADIOLOGY 33 41 2,024.44 49.38 .042	61.35 2.
	44.90 2.
CROSSOVERS/ALL OTH OUTPTNT 52 79 1,043.20 13.21 .081	20.06 1.
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.
MENTALLY ILL 0 0 0 .00 .00 .00	.00 .
DEVELOP. DISABLED 0 0 .00 .00 .00	.00 .
@NURSING FACILITY 0 0 \$.00 \$.00 \$.00 \$.
LEV A-INTERMEDIATE 0 0 .00 .00 .00	.00 .

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	29	75	\$	1,211.02	\$	16.15	.076	\$	41.76	\$	1.23
PATHOLOGY	29	75		1,211.02		16.15	.076		41.76		1.23
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	118	204	\$	17,324.43	\$	84.92	.208	\$	146.82	\$	17.66
CLINIC	1	1		34.82		34.82	.001		34.82		.04
SURGICENTER	2	16		548.68		34.29	.016		274.34		.56
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	116	187		16,740.93		89.52	.191		144.32		17.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MC	ONTH-OF-PAYMENT R	EPORT	' FOR JAN	2003 THRU	DEC	2003	P7	AGE 1,836
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

COLODA COUNTI	DOMINANT OF DERV	ICES FOR ALL MEDI	САЦЦІ	INDIGENI				
						MON		
981 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	49	\$	3,101.92	\$ 63.30	.050 \$		\$ 3.16
DURABLE MED. EQUIP.	1	1		99.99	99.99	.001	99.99	.10
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	19CR		492.75	25.93CR	.019CR	82.13	.50
AMBULANCES/AIR TRANS	6	19CR		492.75	25.93CR	.019CR	82.13	.50
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2		210.00	105.00	.002	105.00	.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		16.64	8.32	.002	16.64	.02
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	36		1,964.09	54.56	.037	280.58	2.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	27		318.45	11.79	.028	106.15	.32
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	36	\$	1,964.09	\$ 54.56	.037 \$	280.58	\$ 2.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$		\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION IT	EM ONL	Y;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,837 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71 ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 Ś .000 \$.00 \$. 00 . 00 Λ 0 Ś .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES .00 .00 .000 .00 OUTPATIENT VISITS .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 .000 EMERGENCY ROOM .00 .00 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 . 00 .000 . 00 . 00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 . 00 EXAMINATIONS .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 . 00 .000 . 00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 DIALYSIS PATHOLOGY . 00 . 00 .000 . 00 . 00 .00 .000 RADIOLOGY .00 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 @PHARMACY 0 .00 \$.00 .000 .00 \$.00 0 .00 .000 .00 PRESCRIPTION DRUGS .00 .00 SNF/ICF .00 .00 .000 .00 .00 0 OUTPATIENTS .00 .00 .000 .00 .00 MEDICAL SUPPLIES .00 .00 .000 .00 .00 @DENTIST .00 Ś .00 .000 \$.00 \$.00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ORAL SURGERY .00 .00 .00 .000 . 00 DRUGS .00 ANESTHESIA .00 .00 .000 .00 .00 .00 .00 .000 .00 PERIODONTICS .00 .000 ENDODONTICS .00 .00 .00 .00 RESTORATIVE DENTISTRY .00 .000 .00 .00 .000 .00 .00 .00 PROSTHETICS .00 DENTURES, STAYPLATES .00 .00 .000 .00 .00 SPACE MAINTAINERS .00 .00 .000 .00 .00 MAXILLOFACIAL SERVICES .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES .00 .00 .000 .00 .00 0 0 .00 .00 .00 ALL OTHER SERVICES .00 .000

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 1,838 01/29/04

SUMMARY OF SERVICES FOR RENAL DIALYSIS

COLUSA COUNTY

AID CODES 71

COLUSA COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSIS	}	AID CODES			
					MONTH		
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (COST PER	COST PER
	OR D	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	Ô	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$	
	0	0 \$.00	•		.00 5	
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	U	0 \$.00	\$.00	.000 \$.00 \$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	Ü	Ü	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00 \$	5 .00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	.00
FAMILY NURSE PRACTITIONER	0	0 s	.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
HOSP INPATIENT TOTAL	Ô	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ô	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	Ô	0 \$.00	\$.00	.000 \$.00 \$	
CO HOSPITAL INPATIENT TOTAL	Ô	Ů Ť	.00	.00	.000	.00	.00
HSC HOSPITALS	Õ	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00				
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	0	.00	.00	.000	.00	.00
ROOM USE	n	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	n	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	<u> </u>					PAGE 1,839
MOP024	FEE-FOR-SERVICE/DENTAL		II OF-PAINEMI KE	IFORT FOR UAIN 2	TIMO DEC	2003	· ·
MOPUZ4	CHAMADY OF CERVICE OF			ATD GODEG	71		01/29/04

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

	-	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	. 0	0									
CROSSOVERS/ALL OTH OUTPINT	U		_	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0		4		4			4		4	
@NURSING FACILITY	Ü	0	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	. 0	0									
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	ċ.	.00	.000	ė,	.00	\$.00
	0	0	Ą		Ą			Ą		Ą	
ICF DDH	Ü	Ü		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	۲.		ė.		.000	بع		Ċ.	
@HEMODIALYSIS TOTAL	U	U	\$.00	Ą	.00		Ą	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	\$.00
	0	0	٧		Y			Y		Y	
HOSPITAL BASED	U	U		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	\$.00
PATHOLOGY	0	0	т	.00	т.	.00	.000	-T	.00	т.	.00
	0	0									
XO AND OTHERS	Ü	U	_	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
CIIDCICENTED	0	0		0.0		0.0	000		0.0		\cap
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0 0	0		.00		.00	.000		.00		.00
	0 0 0	0 0 0									
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	-	•	ES MON	.00	TPORT	.00	.000	DEC	.00	Ρž	.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	.00	EPORT	.00	.000	DEC	.00	P	.00 .00 AGE 1,840
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 .00 NTH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 2003 THRU	DEC	.00	Ρž	.00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR		.00 .00 NTH-OF-PAYMENT RE		.00	.000 .000 2003 THRU		.00		.00 .00 AGE 1,840 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 .00 NTH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 2003 THRU 71	ONT	.00 .00 2003 HLY AVERA		.00 .00 AGE 1,840 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D	IALYSI	.00 .00 TH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 2003 THRU 71	ONT	.00 .00 2003 HLY AVERA	GE -	.00 .00 AGE 1,840 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE	IALYSI	.00 .00 NTH-OF-PAYMENT RE	AVE	.00 .00 FOR JAN 2 AID CODES	.000 .000 2003 THRU 71 M UNITS/DAY	ONT S	.00 .00 2003 HLY AVERA COST PER	GE -	.00 .00 AGE 1,840 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE	IALYSI	.00 .00 NTH-OF-PAYMENT RE ES EXPENDITURES	AVE PER	.00 .00 FOR JAN 2 AID CODES GRAGE COST UNIT/DAY	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	ONT S	.00 .00 2003 HLY AVERA COST PER USER	GE - (.00 .00 AGE 1,840 01/29/04 COST PER ELIGIBLE
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE ES EXPENDITURES .00	AVE	.00 .00 FOR JAN 2 AID CODES RAGE COST UNIT/DAY .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00	GE - (.00 .00 AGE 1,840 01/29/04 COST PER ELIGIBLE .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE	IALYSI	.00 .00 NTH-OF-PAYMENT RE ES EXPENDITURES	AVE PER	.00 .00 FOR JAN 2 AID CODES GRAGE COST UNIT/DAY	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	ONT S	.00 .00 2003 HLY AVERA COST PER USER	GE - (.00 .00 AGE 1,840 01/29/04 COST PER ELIGIBLE
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 AGE 1,840 01/29/04 COST PER ELIGIBLE .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE ES EXPENDITURES .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 AGE 1,840 01/29/04 COST PER ELIGIBLE .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE EXPENDITURES .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 AGE 1,840 01/29/04 COST PER ELIGIBLE .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	GE - (.00 .00 AGE 1,840 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE EXPENDITURES .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - (.00 .00 AGE 1,840 01/29/04 COST PER ELIGIBLE .00 .00 .00
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00	GE - (.00 .00 AGE 1,840 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00	GE - (.00 .00 AGE 1,840 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00	GE - (.00 .00 AGE 1,840 01/29/04
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	IALYSI	.00 .00 NTH-OF-PAYMENT RE EXPENDITURES .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 FOR JAN 2 AID CODES GRAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONT S	.00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00	GE - (.00 .00 AGE 1,840 01/29/04
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SURGERY

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00
@* TOTALC IN TURCE LINES ARE CIVEN AS	א כבטעסעב	TMEODMATTON T	TEM ONLY.					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,841
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PARE	NIERAL NUTRITION	AID CODES			
								NTHLY AVERAG	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		Ô		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		Ô		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		Ô		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000		\$.00
PRESCRIPTION DRUGS	0		0	Y	.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0		0	Ų	.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS ENDODONTICS	0		0		.00	.00	.000	.00	.00
HINDODOMITCO	O		U		.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 1,842
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR TOTAL PARENT	ERAL NUTRITION	AID CODES	73		
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR 1	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00

00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0	\$	EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAYS	5	COST PER USER		COST PER
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0		۲.		PER	IINTT/DAY	DED ELIC		HOED		
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0	0	۲.			OIVII / DIII	FER ELLG		USER		ELIGIBLE
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	-		Ď.	.00	\$.00	.000	\$.00	\$.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	•	.00	.000		.00	•	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0		\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	т	.00	т	.00	.000	т.	.00	т.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		Ċ	.00	Ġ	.00	.000	Ġ	.00	Ġ	.00
NURSE ANESTHESIST	0	0	Ģ.		\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	Ġ.		\$ \$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$ \$		\$ \$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	^ب ب	.00	\$ \$.00				\$	
@TOTAL HOSPITAL	U	0 0 0 0	မှ	.00	\$ \$.00	.000			\$.00
	0	0	Þ		Ş		.000	Þ		Þ	
HOSP INPATIENT TOTAL	0	0		.00		.00			.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	Ō	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ō	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	3	ğ .		.00							

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	•	•					
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REP	JRI FOR JAN 200	U3 THRU DEC	2003 E	PAGE 1,843
MOP024	FEE-FOR-SERVICE/DE				_		01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE	S FOR TOTAL PARE	NTERAL NUTRITION	AID CODES 7			
					MONT		
00 ELIGIBLES		ITS OF SERVICE		AVERAGE COST UI		COST PER	COST PER
	Ol	R DAYS OF CARE		- '	PER ELIG		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ů.	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$		\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	Ŏ	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		\$.00	.000 \$.00 \$.00
	0	0 \$.00	.00	.000 \$.00 \$	
LEV A-INTERMEDIATE	0	0					.00
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	Ü	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$		\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$		\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					
@LABORATORY FACILITY	0	0 \$		\$.00	.000 \$.00 \$.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
XO AND OTHERS	U	Ü	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$		\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 200	03 THRU DEC	2003 F	PAGE 1,844

COLUSA COUNTI	SOMMAKI OF SEKVICES	FOR TOTAL PA	-YUTINITEK	AL NOIKIIION	AID CODES	13			
						MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS UNI'	TS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
	OR	DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		.00
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,845 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MOI	NTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 1,846
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CODES	51 52 56 5	57		
				-	MONT	HLY AVERAG	E

							Mo	INC	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000		.00	-	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	•	.00	•	.00	.000		.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONT	CH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 1,847
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR IRCA ALIENS	AID CODES	51 52 56	57		
					MONTE	HLY AVERAG	E

					MON'I'	HLY AVERAGE	;
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	C 2003	PAGE 1,848
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R IRCA ALIENS	AID	CODES 51 52 56			
						THLY AVERAG	
00 ELIGIBLES	USERS UNITS (EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,849
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

COHODII COUNTI	DOINIME OF DEEL	VICED IOIC III/III III	 WITHOUT DID HILD	COPH	33 30 31					
						MO	NT	HLY AVERA	GE	
625 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	;	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	267	1,335	\$ 177,283.87	\$	132.80	2.136	\$	663.98	\$	283.65
@PHYSICIANS SERVICES	118	303	\$ 29,406.77	\$	97.05	.485	\$	249.21	\$	47.05
OUTPATIENT VISITS	43	75	4,985.45		66.47	.120		115.94		7.98
OFFICE VISITS	19	20	801.30		40.07	.032		42.17		1.28
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	3	3	221.03		73.68	.005		73.68		.35

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	27	51	3,936.30	77.18	.082	145.79	6.30
OTHER OUTPATIENT	1	1	26.82	26.82	.002	26.82	.04
INPATIENT VISITS	20	56	2,281.40	40.74	.090	114.07	3.65
HOSPITAL VISITS	20	56	2,281.40	40.74	.090	114.07	3.65
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	24	48	19,272.16	401.50	.077	803.01	30.84
PRINCIPAL SURGEON	20	21	18,080.85	860.99	.034	904.04	28.93
ASSISTANT SURGEON	3	3	559.50	186.50	.005	186.50	.90
ANESTHESIOLOGIST	3	24	631.81	26.33	.038	210.60	1.01
OUTPATIENT SURGERY	15	25	360.96	14.44	.040	24.06	.58
PRINCIPAL SURGEON	15	25	360.96	14.44	.040	24.06	.58

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	4	4		660.04		165.01	.006		165.01		1.06
PATHOLOGY	40	57		332.97		5.84	.091		8.32		.53
RADIOLOGY	20	25		1,063.16		42.53	.040		53.16		1.70
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	3		15.09		5.03	.005		7.55		.02
OTHER SERVICES/ALL X-OVERS	6	10		435.54		43.55	.016		72.59		.70
@PHARMACY	95	179	\$	3,894.39	\$	21.76	.286	\$	40.99	\$	6.23
PRESCRIPTION DRUGS	94	176		3,810.85		21.65	.282		40.54		6.10
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	94	176		3,810.85		21.65	.282		40.54		6.10
MEDICAL SUPPLIES	2	3		83.54		27.85	.005		41.77		.13
@DENTIST	1	2	\$	55.00	\$	27.50	.003	\$	55.00	\$.09
VISITS - DIAGNOSTIC	1	2		55.00		27.50	.003		55.00		.09
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	IONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	PAG	•
MOP024	FEE-FOR-SERVICE/DENTA										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR MI/MN	ALIEN	WITHOUT SIS AID (CODE	55 58 5F					

COLODA COUNTI	DOMINANT OF BENCY	TCED FOR	I'II / I'III A.	WIIIIOOI DID AID	CODE	33 30 SF					
								-	THLY AVERA	ιGΕ	
625 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	0		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	13		14	\$ 690.20	\$	49.30	.022	\$	53.09	\$	1.10
NURSE ANESTHESIST	4		21	\$ 455.88	\$	21.71	.034	\$	113.97	\$.73
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	131		536	\$ 129,303.64	\$	241.24	.858	\$	987.05	\$	206.89
HOSP INPATIENT TOTAL	19		92	117,638.53		1278.68	.147		6191.50		188.22
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	19		92	117,638.53		1278.68	.147		6191.50		188.22
ACCOMMODATIONS	19		92	26,353.45		286.45	.147		1387.02		42.17
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	19		92	26,353.45		286.45	.147		1387.02		42.17
ANCILLARIES	19		0	91,285.08		.00	.000		4804.48		146.06

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	126	444	11,665.11	26.27	.710	92.58	18.66
MEDICAL	6	6	425.29		.010	70.88	.68
SURGERY	6	6	167.56	27.93	.010	27.93	.27
PATHOLOGY	83	238	2,354.94	9.89	.381	28.37	3.77
RADIOLOGY	54	69	4,470.19	64.79	.110	82.78	7.15
ROOM USE	41	54	2,859.42	52.95	.086	69.74	4.58
CROSSOVERS/ALL OTH OUTPTNT	32	71	1,387.71	19.55	.114	43.37	2.22
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU 1	DEC 2003	PAGE 1,851
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MI/MN ALI	IEN WITHOUT SIS AID	CODE 55 58 5F	1		
					Mo	ONTHLY AVERA	GE

					MONTHLY AVERAGE						
625 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE C	COST	UNITS/DAY:	S	COST PER		COST PER	
		OR DAYS OF CARE		PER UNIT/		PER ELIG		USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	131	536	\$ 129,303.64	\$ 241.2	24	.858	\$	987.05	\$	206.89	
COMM HOSP INPATIENT TOTAL	19	92	117,638.53	1278.6	8	.147		6191.50		188.22	
HSC HOSPITALS	0	0	.00	.0		.000		.00		.00	
NON-HSC HOSPITALS TOTAL	19	92	117,638.53	1278.6		.147		6191.50		188.22	
ACCOMMODATIONS	19	92	26,353.45	286.4	ł5	.147		1387.02		42.17	
ADMINISTRATIVE DAYS	0	0	.00	.0		.000		.00		.00	
TRANSITIONAL IP CARE	0	0	.00	.0		.000		.00		.00	
ALL OTHER ACCOM	19	92	26,353.45	286.4	ł5	.147		1387.02		42.17	
ANCILLARIES	19	0	91,285.08	.0	0 (.000		4804.48		146.06	
INPATIENT CROSSOVERS	0	0	.00	.0		.000		.00		.00	
ALL OTHER INPATIENT	0	0	.00	.0		.000		.00		.00	
COMM HOSP OUTPATIENT TOTAL	126	444	11,665.11			.710		92.58		18.66	
MEDICAL	6	6	425.29	70.8		.010		70.88		.68	
SURGERY	6	6	167.56	27.9		.010		27.93		.27	
PATHOLOGY	83	238	2,354.94	9.8		.381		28.37		3.77	
RADIOLOGY	54	69	4,470.19	64.7		.110		82.78		7.15	
ROOM USE	41	54	2,859.42	52.9		.086		69.74		4.58	
CROSSOVERS/ALL OTH OUTPINT	32	71	1,387.71	19.5		.114		43.37		2.22	
@STATE HOSPITAL	0	0	\$.00		0 (.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.0		.000		.00		.00	
DEVELOP. DISABLED	0	0	.00	.0		.000		.00		.00	
@NURSING FACILITY	0	0	\$.00	\$.0		.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.0		.000		.00		.00	
LEV B-REHAB MD	0	0	.00	.0		.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.0		.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	. 0		.000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.0	00	.000		.00		.00	

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	43	\$	2,978.25	\$	69.26	.069	\$	2978.25	\$	4.77
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	43		2,978.25		69.26	.069		2978.25		4.77
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	62	157	\$	2,851.21	\$	18.16	.251	\$	45.99	\$	4.56
PATHOLOGY	62	157		2,851.21		18.16	.251		45.99		4.56
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	40	\$	3,654.17	\$	91.35	.064	\$	166.10	\$	5.85
CLINIC	4	16		1,218.18		76.14	.026		304.55		1.95
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	24		2,435.99		101.50	.038		135.33		3.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 1,852
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

COHODII COUNTI	DOMINITAL OF DELLATOR		WIIIIOOI DID MID	CODE 33 30 31			
					MO	NTHLY AVERA	GE
625 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	19	40 \$	3,994.36	\$ 99.86	.064	\$ 210.23	\$ 6.39
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	18	2,077.78	115.43	.029	1038.89	3.32
AMBULANCES/AIR TRANS	2	17	277.78	16.34	.027	138.89	.44
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.002	1800.00	2.88
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	16	16	1,680.00	105.00	.026	105.00	2.69
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	236.58	39.43	.010	236.58	.38
PROSTHETICS	1	6	236.58	39.43	.010	236.58	.38
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1 \$	26.82	\$ 26.82	.002	\$ 26.82	\$.04
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	CIVEN AS A SEDADATI	TNEODMATION TTEM C	NIT.V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

0020511 0001111	Solumet of Self.	1025 1011 1121 00225	1112	00220 01 02 00	MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
**	0.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0 \$		\$.00	.000 \$		\$.00
OUTPATIENT VISITS	Ö	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00			.00	.00
	0	0		.00	.000		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	U	U	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	Ô	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00			.00	.00
	0	0		.00	.000		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	•	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$		\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$		\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00				
	0	0		.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 1,854
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR REFUGEES	AID	CODES 01 02 08	0A		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	1
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	į.

FAMILY NURSE PRACTITIONER	0			\$.00		\$.00		000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00		\$.00		000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00		000		.00		.00
HSC HOSPITALS	0		0		.00	0	.00		000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	0	.00		000		.00		.00
ACCOMMODATIONS	0		0		.00	0	.00		000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	0	.00		000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	0	.00		000		.00		.00
ALL OTHER ACCOM	0		0		.00	0	.00		000		.00		.00
ANCILLARIES	0		0		.00	0	.00		000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	0	.00		000		.00		.00
ALL OTHER INPATIENT	0		0		.00	0	.00		000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00		000		.00		.00
MEDICAL	0		0		.00		.00		000		.00		.00
SURGERY	0		0		.00		.00		000		.00		.00
PATHOLOGY	0		0		.00		.00		000		.00		.00
RADIOLOGY	0		0		.00		.00		000		.00		.00
ROOM USE	0		0		.00		.00		000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00		000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00		\$.00		000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Υ	.00		.00		000	τ	.00	τ	.00
HSC HOSPITALS	0		0		.00		.00		000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00		000		.00		.00
ACCOMMODATIONS	0		0		.00		.00		000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00		000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00		000		.00		.00
ANCILLARIES	0		0		.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00		000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00		000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00		000		.00		.00
MEDICAL	0		0		.00		.00		000		.00		.00
SURGERY	0		0		.00		.00		000		.00		.00
PATHOLOGY	0		0		.00		.00		000		.00		.00
RADIOLOGY	0		0		.00		.00		000		.00		.00
ROOM USE	0		0		.00		.00		000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00		000		.00		.00
	MEDI-CAL SERVICE	EC VND EAI	-	C MON						חבר		DAC	GE 1,855
MOP024	FEE-FOR-SERVICE		ENDITORE,	5 MOI	VIII-OL-FAIMENI	17151	FORT FOR UAL	2005 1	11100 1	טייכ	2003		01/29/04
COLUSA COUNTY	SUMMARY OF SERV		DEELIGEEG		λТΓ		ODES 01 02 0	1 Q O 7\					01/29/04
COLUSA COUNTI	SUMMARI OF SERV.	ICES FOR	KEFUGEES		AIL		JDES 01 02 (M	ONTTL	HLY AVERA	Z₽	
00 ELIGIBLES	USERS	UNITS OF	SEBVICE		EXPENDITURES	Q	AVERAGE COS			-		_	OST PER
00 ETTGIDES	מאיזיניט	OR DAYS			PALEMATIONES	J	PER UNIT/DA				USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OK DAIS	0 CARE	Ċ	.00	Λ	\$.00		000		.00		.00
@COMMUNITY HOSPITAL TOTAL	0		0	Y	.00		Ş .00		000		.00	ې	.00

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPITNT											
MENTALLY ILL	CROSSOVERS/ALL OTH OUTPTNT	0	0		.00)	.00	.000	.00		.00
DEVELOP DISABLED 0	@STATE HOSPITAL	0	0	\$.00) {	.00	.000	\$.00	\$.00
MANUSINSING FACILITY	MENTALLY ILL	0	0		.00)	.00	.000	.00		.00
LEV B-RHAB MD LEV B-SUBACUTE FREESTANDING LEV B-REGULAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DEVELOP. DISABLED	0	0		.00)	.00	.000	.00		.00
LEV B-REHAB MD	@NURSING FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
LEV B-SUBACUTE FREESTANDING	LEV A-INTERMEDIATE	0	0		.00)	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	LEV B-REHAB MD	0	0		.00)	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000	.00		.00
California	LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000	.00		.00
## COLUSA COUNTY STATEMENDIATE CARE FACILDD	LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		.00
CLE DDH	LEV B-REGULAR	0	0		.00)	.00	.000	.00		.00
CLE DDH	@INTERMEDIATE CARE FACILDD	0	0	\$.00) 5	5 .00	.000	\$.00	\$.00
CLE DD		0	0	•			•				
### OF CALL STATE Column		0	0								
HOSPITAL BASED	ICF DDN/DDCN	0	0		.00)	.00	.000	.00		.00
######################################	@HEMODIALYSIS TOTAL	0	0	\$.00) (5 .00	.000	\$.00	\$.00
### REHABILITATION FACILITY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOSPITAL BASED	0	0	•	.00) .	.00	.000	.00	·	.00
HOSPITAL BASED	HEMODIALYSIS CENTER	0	0		.00)	.00	.000	.00		.00
INDEPENDENT FACILITY	@REHABILITATION FACILITY	0	0	\$.00) (5 .00	.000	\$.00	\$.00
### BLABORATORY FACILITY	HOSPITAL BASED	0	0	•	.00) .	.00	.000	.00	·	.00
PATHOLOGY	INDEPENDENT FACILITY	0	0		.00)	.00	.000	.00		.00
XO AND OTHERS	@LABORATORY FACILITY	0	0	\$.00) \$	\$.00	.000	\$.00	\$.00
@ORGANIZED OUTPATIENT CLINIC 0 0 \$.00 \$.	PATHOLOGY	0	0		.00)	.00	.000	.00		.00
CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	XO AND OTHERS	0	0		.00)	.00	.000	.00		.00
SURGICENTER 0 0 .00	@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00) \$	\$.00	.000	\$.00	\$.00
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CLINIC	0	0		.00)	.00	.000	.00		.00
RURAL HEALTH CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SURGICENTER	0	0		.00)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,856 MOP024 FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A MONTHLY AVERAGE 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00 \$.00	HEROIN DETOX CLINIC	0	0		.00)	.00	.000	.00		.00
MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A OUT OF COLUSA COUNTY SUMARY	RURAL HEALTH CLINIC	0	0		.00)	.00	.000	.00		.00
COLUSA COUNTY SUMMARY OF SERVICES FOR REFUGEES 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE AID CODES 01 02 08 0A MONTHLY AVERAGE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE AID CODES 01 02 08 0A	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUE	RES M	ONTH-OF-PAYMENT	REPO	ORT FOR JAN	2003 THRU DE	EC 2003	PAGE	1,856
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00	MOP024	FEE-FOR-SERVICE/DENTAL								01	1/29/04
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00	COLUSA COUNTY	SUMMARY OF SERVICES FOR	REFUGEE	S	AII	COL	DES 01 02 08	0A			
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 \$.00 \$.00 \$.00								MON	NTHLY AVERA	GE	
@ALL OTHER PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00	00 ELIGIBLES	USERS UNITS OF	F SERVICE	C	EXPENDITURES	5 <i>I</i>	AVERAGE COST	UNITS/DAYS	COST PER	COST	Γ PER
		OR DAYS	S OF CARE	:		I	PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
	@ALL OTHER PROVIDERS	0	0	\$.00) \$	\$.00	.000	\$.00	\$.00
DOMADIE MED. EQUIP. 0 0 .00 .00 .00 .00 .00	DURABLE MED. EQUIP.	0	0		.00)	.00	.000	.00		.00
BLOOD BANK 0 0 0 .00 .00 .00 .00 .00	BLOOD BANK	0	0		.00)	.00	.000	.00		.00

HODDO	INITES OF SERVICE		ATTERNACE COCE			
USERS		EXPENDITURES				COST PER
	OR DAYS OF CARE					ELIGIBLE
0	0 \$		•			\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00		.00	.00
0	0		.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 0	OR DAYS OF CARE 0	OR DAYS OF CARE 0 \$.00 \$.00 \$.00 0 .00 .00 .00 0 .00 .00 .00 0 .00 .0	USERS	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 0 0 .00 \$.00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 <t< td=""></t<>

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,857 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

COLODA COUNTI	BOMMAKI OF BEKV	TCES FOR BCCIF FEBE	LICAL	A.	ID CO.	DED ON ON	M		TIT 3/ 3/7/2/2/3	CE.	
14 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7/1/17	RAGE COST		-	HLI AVERA COST PER	_	COST PER
14 EDIGIDUES	CALCO	OR DAYS OF CARE		EVERNOTIOKES		UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	18	281 \$		16,439.20	\$	58.50	20.071		913.29		1174.23
@PHYSICIANS SERVICES	13	152 \$		4,287.34	\$	28.21	10.857		329.80		306.24
OUTPATIENT VISITS	10	18		680.88	Ą	37.83	1.286	Ą	68.09	Ą	48.63
OFFICE VISITS	9	17		666.40		39.20	1.214		74.04		47.60
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI OTHER OUTPATIENT	1	1		14.48		14.48	.071		14.48		1.03
INPATIENT VISITS	1	1		.00			.000		.00		.00
	0	0				.00					
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	•		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	17		1,174.14		69.07	1.214		391.38		83.87
PRINCIPAL SURGEON	1	1		810.72		810.72	.071		810.72		57.91
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	16		363.42		22.71	1.143		181.71		25.96
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	U	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	14		1,070.31		76.45	1.000		356.77		76.45
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	89		890.50		10.01	6.357		445.25		63.61
OTHER SERVICES/ALL X-OVERS	6	14		471.51		33.68	1.000	4.	78.59	4.	33.68
@PHARMACY	13	34 \$		3,095.72	\$	91.05		\$	238.13	\$	221.12
PRESCRIPTION DRUGS	13	34		3,095.72		91.05	2.429		238.13		221.12
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	13	34		3,095.72		91.05	2.429		238.13		221.12
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0 \$.00	\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00

0 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 .00 0 0 .00 .00 FRACTURES, DISLOCATIONS .000 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 0 .00 ALL OTHER SERVICES .00 .000 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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01/29/04

PAGE 1,858

MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV

COLUSA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

COLUSA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-F	FEDERAL	A.	ID C	ODES OM ON					
							MC				
14 ELIGIBLES	USERS UNITS OF			EXPENDITURES		ERAGE COST		3			COST PER
		OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$		\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00		.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0 0 0 0	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$ \$ \$ \$ \$ \$.00	\$.00		\$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		\$.00	.000		.00		.00
@TOTAL HOSPITAL	11	82	\$		\$	108.57	5.857	\$	809.38	\$	635.94
HOSP INPATIENT TOTAL	1	3		4,969.26		1656.42	.214		4969.26		354.95
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	3 3 0		4,969.26		1656.42	.214		4969.26		354.95
ACCOMMODATIONS	1	3		1,321.83		440.61	.214		1321.83		94.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		1,321.83		440.61	.214		1321.83		94.42
ANCILLARIES	0	0		3,647.43		.00	.000		3647.43		260.53
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	11	79		3,933.87		.00 49.80	5.643		357.62		280.99
MEDICAL	4	4		196.74		49.19	.286		49.19		14.05
SURGERY	2	2		183.62		91.81	.143		91.81		13.12
PATHOLOGY	2 3	7		387.79		55.40	.500		129.26		27.70
RADIOLOGY	5	47		2,602.49		55.37	3.357		520.50		185.89
ROOM USE	4	13		482.93		37.15	.929		120.73		34.50
CROSSOVERS/ALL OTH OUTPTNT	3	6		80.30		13.38	.429		26.77		5.74
@COUNTY HOSPITAL TOTAL	0	Õ	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	4	.00	Ψ.	.00	.000	Ψ.	.00	Υ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ō		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	Ō		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0		0		.00)	.00	.000	.00		.00
ROOM USE	0		0		.00)	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00)	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXP	PENDITURES	MONTH-O	F-PAYMENT	REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE 1	L,859
MOP024	FEE-FOR-SERVICE,	DENTAL								01/2	29/04
COLUSA COUNTY	SUMMARY OF SERV	CES FOR	BCCTP-FED	ERAL		AID COD	ES OM ON	0P			
								MON	THLY AVERAG	GE	
14 ELIGIBLES	USERS	UNITS OF	SERVICE	EX	PENDITURES	S AVER	AGE COST	UNITS/DAYS	COST PER	COST I	?ER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER	ELIGIE	3LE
@COMMUNITY HOSPITAL TOTAL	11		82 \$		8,903.13	\$	108.57	5.857	809.38	\$ 635.	.94
COMM HOSP INPATIENT TOTAL	1		3		4,969.26	5 1	656.42	.214	4969.26	354.	. 95
HSC HOSPITALS	0		0		.00)	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1		3		4,969.26	5 1	656.42	.214	4969.26	354.	. 95
ACCOMMODATIONS	1		3		1,321.83	3	440.61	.214	1321.83	94.	. 42
ADMINISTRATIVE DAYS	0		0		.00)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00)	.00	.000	.00		.00

ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	1 1 0 0 11 4 2 3 5	3 0 0 0 79 4 2 7 47	1,321.83 3,647.43 .00 .00 3,933.87 196.74 183.62 387.79 2,602.49	440.65 .00 .00 .49.8 49.19 91.8 55.4 55.3	0 .000 0 .000 0 .000 0 5.643 9 .286 1 .143 0 .500 7 3.357	1321.83 3647.43 .00 .00 357.62 49.19 91.81 129.26 520.50		94.42 260.53 .00 .00 280.99 14.05 13.12 27.70 185.89
ROOM USE	4	13	482.93	37.1		120.73		34.50
CROSSOVERS/ALL OTH OUTPTNT	3	6	80.30	13.3		26.77		5.74
@STATE HOSPITAL	0	0 \$.00	\$.00			\$.00
MENTALLY ILL	0	0	.00	. 01		.00		.00
DEVELOP. DISABLED	0	0	.00	.00		.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00			\$.00
LEV A-INTERMEDIATE	0	0	.00	.00		.00		.00
LEV B-REHAB MD	0	0	.00	.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0	.00	.00		.00		.00 .00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00			بے	.00
ICF DDH	0	0 \$.00	.00		.00	Ą	.00
ICF DD	0	0	.00	.00		.00		.00
ICF DDN/DDCN	0	0	.00	.00		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00		.00	Ś	.00
HOSPITAL BASED	0	0	.00	.00		.00	Τ	.00
HEMODIALYSIS CENTER	0	0	.00	.00		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00			\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	4	13 \$	153.01	\$ 11.7	7 .929 \$	38.25	\$	10.93
PATHOLOGY	4	13	153.01	11.7	7.929	38.25		10.93
XO AND OTHERS	0	0	.00	.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00			\$.00
CLINIC	0	0	.00	.00		.00		.00
SURGICENTER	0	0	.00	.00		.00		.00
HEROIN DETOX CLINIC	0	0	.00	. 01		.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00		.00	-	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT RI	EPORT FOR J	AN 2003 THRU DE	C 2003	PA	AGE 1,860
MOP024	FEE-FOR-SERVICE		7).	TD CODEC OM	OM OD			01/29/04
COLUSA COUNTY	SUMMARI OF SERV	ICES FOR BCCTP-FEDERAL	A.	ID CODES 0M	MON	ת מתודע אנודים	O E	
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO		COST PER		COST PER
14 EDIGIBLES	OSERS	OR DAYS OF CARE	EXFENDITORED		DAY PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00				.00
DURABLE MED. EQUIP.	0	0	.00	.00	•	.00	Τ	.00
BLOOD BANK	0	0	.00	.00		.00		.00
HEARING AID DISPENSERS	0	0	.00	.00		.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00		.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00		.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00		.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00		.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00		.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	. 01		.00		.00
OPTICIAN	0	0	.00	.00		.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	000.	.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,861
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COLUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY ALD CODES OR OT OH OV

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-ST	CATE-ON	ILY AID	CODES	OR OT OU				
									ONTHLY AVER	_	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5		35	\$	4,924.88	\$	140.71	.000			
@PHYSICIANS SERVICES	3		12	\$	306.91	\$	25.58	.000	\$ 102.30	\$.00
OUTPATIENT VISITS	3		6		173.12		28.85	.000	57.71		.00
OFFICE VISITS	1		2		48.00		24.00	.000	48.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	2		4		125.12		31.28	.000	62.56		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	1		3		106.00		35.33	.000	106.00		.00
RADIOLOGY	1		2		15.49		7.75	.000	15.49		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1		1		12.30		12.30	.000	12.30		.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00		.00
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	0		0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	003 THRU DEC	2003	PAGE 1,862
MOP024	FEE-FOR-SERVICE/DENT	CAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STATE	ONLY AID CODES	OR OT OU 0	V		
				-	MONT	THLY AVERAG	E
OO FI.TCIBI.FC	TICEPS TIMIT	TO OF SERVICE	FYDFNDTTIIDFC AVE	DACE COST I	DV&G / PTTMI	COCT DEB	COST DEB

							M	ONT	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	Š	.00	.000	Š	.00	Š	.00
@TOTAL HOSPITAL	3	22	Š	4,544.48	Š	206.57	.000	Š	1514.83	Š	.00
HOSP INPATIENT TOTAL	1	3	τ	3,618.00	Υ.	1206.00	.000	τ.	3618.00	Ψ.	.00
HSC HOSPITALS	1	3		3,618.00		1206.00	.000		3618.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	19		926.48		48.76	.000		308.83		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	6		66.86		11.14	.000		66.86		.00
RADIOLOGY	2	4		480.18		120.05	.000		240.09		.00
ROOM USE	3	7		345.39		49.34	.000		115.13		.00
CROSSOVERS/ALL OTH OUTPINT	1	2		34.05		17.03	.000		34.05		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0	0	ų	.00	Ą	.00	.000	ų	.00	Ų	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODALIONS	U	Ü		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MC	NTH-OF-PAYMENT REPOR	T FOR JAN 2	003 THRU DE	C 2003	PAGE 1,863
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STATE-	ONLY AID CODE	S OR OT OU	0V		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMINITY HOCDITAL TOTAL	2	ეე ċ	1 511 1Q ¢	206 57	000 ¢	151/1 02	¢ 00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		ST PER
o GOVERNMENT TO OD THE TO HOUSE	2	OR DAYS OF CARE	4 5 4 4 4 0	PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	3	22 \$	4,544.48	\$ 206.57		1514.83	Ş	.00
COMM HOSP INPATIENT TOTAL	1	3	3,618.00	1206.00	.000	3618.00		.00
HSC HOSPITALS	1	3	3,618.00	1206.00	.000	3618.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3	19	926.48	48.76	.000	308.83		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	1 2	6	66.86	11.14	.000	66.86		.00
RADIOLOGY	2	4	480.18	120.05	.000	240.09		.00
ROOM USE	3	7	345.39	49.34	.000	115.13		.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	34.05	17.03	.000	34.05		.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	т.	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$		\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	т.	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0	.00	.00	.000	.00		.00
LEV B-REGULAR	Ô	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
ICF DDH	0	0	.00	.00	.000	.00	Ÿ	.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	Ċ	.00
HOSPITAL BASED	0	0 \$.00	.00	.000 \$.00	Ų	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 0 \$.00	\$.00	.000 \$.00	ċ	.00
HOSPITAL BASED	0	0 9	.00	.00	.000 \$.00	Ą	.00
	0	0				.00		
INDEPENDENT FACILITY @LABORATORY FACILITY	U	0 0 \$.00	.00 \$.00	.000 .000 \$.00	۲.	.00 .00
	U	- 1					Ş	
PATHOLOGY	0	0	.00	.00	.000	.00		.00
XO AND OTHERS	U	0	.00	.00	.000	.00		.00

@ORGANIZED OUTPATIENT CLINIC	1	1 \$	73.49	\$ 73.49	.000 \$	73.49	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	73.49	73.49	.000	73.49	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 1,864
MOP024	FEE-FOR-SERVICE/DENT.	AL					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STATE-	-ONLY AID (CODES OR OT OU	0V		
					MON	THLY AVERAG	E
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR :	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

COLUSA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,865 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-TOTAL

	MONTHLY AVERAGE							
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	23	316 \$	21,364.08	\$ 67.61	22.571	928.87	\$ 1526.01	
@PHYSICIANS SERVICES	16	164 \$	4,594.25	\$ 28.01	11.714 \$	287.14	\$ 328.16	
OUTPATIENT VISITS	13	24	854.00	35.58	1.714	65.69	61.00	
OFFICE VISITS	10	19	714.40	37.60	1.357	71.44	51.03	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	3	5	139.60	27.92	.357	46.53	9.97	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	3	17	1,174.14	69.07	1.214	391.38	83.87	
PRINCIPAL SURGEON	1	1	810.72	810.72	.071	810.72	57.91	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	16	363.42	22.71	1.143	181.71	25.96	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	3	106.00	35.33	.214	106.00	7.57	

RADIOLOGY	4	16		1,085.80		67.86	1.143		271.45		77.56
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	89		890.50		10.01	6.357		445.25		63.61
OTHER SERVICES/ALL X-OVERS	7	15		483.81		32.25	1.071		69.12		34.56
@PHARMACY	13	34	\$	3,095.72	\$	91.05	2.429	\$	238.13	\$	221.12
PRESCRIPTION DRUGS	13	34		3,095.72		91.05	2.429		238.13		221.12
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	13	34		3,095.72		91.05	2.429		238.13		221.12
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 1,866
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-T	OTAL								

						M	ONT	HLY AVERA	GE.	
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	14	104	\$ 13,447.61	\$	129.30	7.429	\$	960.54	\$	960.54
HOSP INPATIENT TOTAL	2	6	8,587.26		1431.21	.429		4293.63		613.38
HSC HOSPITALS	1	3	3,618.00		1206.00	.214		3618.00		258.43
NON-HSC HOSPITAL TOTAL	1	3	4,969.26		1656.42	.214		4969.26		354.95
ACCOMMODATIONS	1	3	1,321.83		440.61	.214		1321.83		94.42
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3	1,321.83		440.61	.214		1321.83		94.42
ANCILLARIES	1	0	3,647.43		.00	.000		3647.43		260.53
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14	98	4,860.35		49.60	7.000		347.17		347.17
MEDICAL	4	4	196.74		49.19	.286		49.19		14.05

2	2		183 62		91 81	143		91 81		13.12
4	13									32.48
7										220.19
7										59.17
4										8.17
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0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
MEDI-CAL SERVICES AND EX	XPENDITUR	ES MONTH-OF	F-PAYMENT RE	EPORT F	OR JAN	2003 THRU	DEC	2003	PAG	E 1,867
FEE-FOR-SERVICE/DENTAL										01/29/04
SUMMARY OF SERVICES FOR	BCCTP-T	'OTAL								
							MONT	HLY AVERA	GE	
	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	7 51 7 20 4 8 0 0 \$ 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 51 3,082.67 7 20 828.32 4 8 114.35 0 0 \$.00 0 0 \$.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	4 13 454.65 7 51 3,082.67 7 20 828.32 4 8 114.35 0 0 \$.00 \$ 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	4 13 454.65 34.97 7 51 3,082.67 60.44 7 20 828.32 41.42 4 8 114.35 14.29 0 0 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	4 13 454.65 34.97 .929 7 51 3,082.67 60.44 3.643 7 20 828.32 41.42 1.429 4 8 114.35 14.29 .571 0 0 0 \$.00 \$.00 .00 0 0 0 .00 .00 .00 0 0 0 .00 .00	4 13 454.65 34.97 .929 7 51 3,082.67 60.44 3.643 7 20 828.32 41.42 1.429 4 8 114.35 14.29 .571 0 0 \$.00 \$.00 .00 .00 .00 0 0 0 .00 .00 .00 .00 0 0 0 .00 .0	4	4 13 454.65 34.97 .929 113.66 7 51 3,082.67 60.44 3.643 440.38 7 20 828.32 41.42 1.429 118.33 4 8 114.35 14.29 .571 28.59 0 0 \$.00 \$.00 .000 .000 \$.00 \$ 0 0 0 .00 .00 .000 .0

					MC	ONTHLY AVERA	4GE	
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	104	\$ 13,447.61	\$ 129.30	7.429	\$ 960.54	\$	960.54
COMM HOSP INPATIENT TOTAL	2	6	8,587.26	1431.21	.429	4293.63		613.38
HSC HOSPITALS	1	3	3,618.00	1206.00	.214	3618.00		258.43
NON-HSC HOSPITALS TOTAL	1	3	4,969.26	1656.42	.214	4969.26		354.95
ACCOMMODATIONS	1	3	1,321.83	440.61	.214	1321.83		94.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	3	1,321.83	440.61	.214	1321.83		94.42
ANCILLARIES	1	0	3,647.43	.00	.000	3647.43		260.53
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	14	98	4,860.35	49.60	7.000	347.17		347.17
MEDICAL	4	4	196.74	49.19	.286	49.19		14.05
SURGERY	2	2	183.62	91.81	.143	91.81		13.12
PATHOLOGY	4	13	454.65	34.97	.929	113.66		32.48
RADIOLOGY	7	51	3,082.67	60.44	3.643	440.38		220.19
ROOM USE	7	20	828.32	41.42	1.429	118.33		59.17
CROSSOVERS/ALL OTH OUTPTNT	4	8	114.35	14.29	.571	28.59		8.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0	.00) .	00 .000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00) .	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00) .	.000	.00		.00
@REHABILITATION FACILITY	0	0 8	\$.00) \$.	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.000	.00		.00
@LABORATORY FACILITY	4	13	\$ 153.01	. \$ 11.	77 .929	\$ 38.25	\$	10.93
PATHOLOGY	4	13	153.01	. 11.	77 .929	38.25		10.93
XO AND OTHERS	0	0	.00		.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1 5	\$ 73.49	\$ 73.	49 .071	\$ 73.49	\$	5.25
CLINIC	0	0	.00		.000	.00		.00
SURGICENTER	0	0	.00		.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00		.00
RURAL HEALTH CLINIC	1	1	73.49	73.	49 .071	73.49		5.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT	REPORT FOR	JAN 2003 THRU	DEC 2003	P.	AGE 1,868
MOP024	FEE-FOR-SERVICE/DENTAL	ı						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	R BCCTP-TO	ΓAL					
]	MONTHLY AVERA		
14 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	S AVERAGE	COST UNITS/DA	YS COST PER		COST PER
	OR DA	YS OF CARE		PER UNIT				ELIGIBLE
@ALL OTHER PROVIDERS	0	0 5	\$.00	•	.000	•	\$.00
DURABLE MED. EQUIP.	0	0	.00		.000			.00

14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,869
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

59 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	17	586	\$ 83,704.37	\$ 142.84	9.932	\$ 4923.79	\$ 1418.72
@PHYSICIANS SERVICES	6	9	\$ 131.06	\$ 14.56	.153	\$ 21.84	\$ 2.22
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

	_	_										
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
	0	0										
ANESTHESIOLOGIST	Ü	U			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
	0	0										
ANESTHESIOLOGIST	Ü	Ü			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
	0	0										
PSYCHIATRY	Ü	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	6	9		1	31.06		14.56	.153		21.84		2.22
@PHARMACY	2	363	\$		34.48	\$	2.30	6.153	\$	417.24	\$	14.14
	2		Ą	O		Ą			Ą		Ą	
PRESCRIPTION DRUGS	Ü	0			.80CR		.00	.000		.00		.01CR
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	0			.80CR		.00	.000		.00		.01CR
MEDICAL SUPPLIES	2	363		0	35.28		2.30	6.153		417.64		14.16
	2		_	0								
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		
	0	0										.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00	.000		.00		
RESTORATIVE DENTISTRY	U	U										.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
	0	•										
		^										
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00 .00
FRACTURES, DISLOCATIONS	0	0 0 0										
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0 0 0				.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 0	0		MONTHIA OF DAY	.00	DOD#	.00 .00 .00	.000 .000 .000	DEIG	.00 .00 .00	D.A.	.00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 0 0 MEDI-CAL SERVICE	0 S AND EXPENDIT	TURES	MONTH-OF-PAY	.00	PORT	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	PA	.00 .00 .00 GE 1,870
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0 0 0 0 MEDI-CAL SERVICE FEE-FOR-SERVICE/	0 S AND EXPENDIT	TURES	MONTH-OF-PAY	.00	PORT	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	PA	.00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/	0 S AND EXPENDIT DENTAL			.00	PORT	.00 .00 .00 FOR JAN 2	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	PΑ	.00 .00 .00 GE 1,870
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV		0 S AND EXPENDIT DENTAL			.00	PORT	.00 .00 .00	.000 .000 .000 2003 THRU		.00 .00 .00 2003		.00 .00 .00 GE 1,870 01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	O S AND EXPENDIT DENTAL CES FOR QMB	- ONL		.00 .00 .00 MENT REI		.00 .00 .00 FOR JAN 2	.000 .000 .000 2003 THRU	ONTI	.00 .00 .00 2003	GE -	.00 .00 .00 GE 1,870 01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/	O S AND EXPENDIT DENTAL CES FOR QMB -	- ONLY		.00 .00 .00 MENT REI	AVER	.00 .00 .00 FOR JAN 2 AID CODE	.000 .000 .000 2003 THRU 80 M	ONTI	.00 .00 .00 2003 HLY AVERA	GE – C	.00 .00 .00 GE 1,870 01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	O S AND EXPENDIT DENTAL CES FOR QMB	- ONLY		.00 .00 .00 MENT REI	AVER	.00 .00 .00 FOR JAN 2	.000 .000 .000 2003 THRU 80 M	ONTI	.00 .00 .00 2003	GE – C	.00 .00 .00 GE 1,870 01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES	FEE-FOR-SERVICE/ SUMMARY OF SERVI	O S AND EXPENDIT DENTAL CES FOR QMB -	- ONL) ICE ARE		.00 .00 .00 MENT REI	AVER PER	.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY	.000 .000 .000 2003 THRU 80 M UNITS/DAY PER ELIG	ONTI	.00 .00 .00 2003 HLY AVERA COST PER USER	GE - C' E:	.00 .00 .00 GE 1,870 01/29/04 OST PER LIGIBLE
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0	0 S AND EXPENDIT DENTAL CES FOR QMB UNITS OF SERVI OR DAYS OF CA	- ONLY		.00 .00 .00 MENT REI	AVER	.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00	.000 .000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000	ONTI	.00 .00 .00 2003 HLY AVERA COST PER USER .00	GE – C	.00 .00 .00 GE 1,870 01/29/04 DST PER LIGIBLE .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	O C S AND EXPENDITE OF SERVING OR DAYS OF CA O C O C O C O C O C O C O C O C O C	- ONL) ICE ARE		.00 .00 .00 MENT REI	AVER PER	.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 80 	ONTI	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - C' E:	.00 .00 .00 GE 1,870 01/29/04 DST PER LIGIBLE .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0	OS AND EXPENDITED TO THE CONTROL OF SERVIOR DAYS OF CONTROL OR DAYS OF	- ONL) ICE ARE		.00 .00 .00 MENT REI	AVER PER	.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 80 	ONTI	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - C' E:	.00 .00 .00 .00 GE 1,870 01/29/04 DST PER LIGIBLE .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS 0	O C S AND EXPENDITE OF SERVING OR DAYS OF CA O C O C O C O C O C O C O C O C O C	- ONL) ICE ARE		.00 .00 .00 MENT REI	AVER PER	.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 80 	ONTI	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE - C' E:	.00 .00 .00 GE 1,870 01/29/04 DST PER LIGIBLE .00 .00
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FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OS AND EXPENDITED TO THE COLOR OF CARD	- ONLY ICE ARE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER PER \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 .000 2003 THRU 80 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTE S (\$ \$.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C' E. \$.00 .00 .00 .00 .00 .01/29/04 DST PER LIGIBLE .00 .00 .00 .00 .00 .00
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FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE/SUMMARY OF SERVI	OS AND EXPENDITED TO THE PROPERTY OF CASE OF C	- ONLY ICE ARE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER PER \$ \$ \$.00 .00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 80 .000 .000 .000 .000 .000 .000 .000	SONTH S (* \$ \$ \$ \$.00 .00 .00 2003 HLY AVERA COST PER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C'E'S \$ \$ \$ \$.00 .00 .00 .00 .00 .01/29/04 DST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE/SUMMARY OF SERVI	OS AND EXPENDITED TO THE PROPERTY OF CASE OF C	- ONLY ICE ARE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER PER \$ \$ \$.00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2003 THRU 80 .000 .000 .000 .000 .000 .000 .000	ONTH S \$ \$ \$ \$.00 .00 .00 2003 HLY AVERA COST PER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE	.00 .00 .00 .00 .00 .01/29/04 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OS AND EXPENDITED TO THE PROPERTY OF CASE OF C	- ONLY ICE ARE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER PER \$ \$ \$.00 .00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 80 .000 .000 .000 .000 .000 .000 .000	ONTE C	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C E & & & & & & & & & & & & & & & & & &	.00 .00 .00 .00 .00 .01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OS AND EXPENDITED TO THE PROPERTY OF SERVING OR DAYS OF COMMENT OF SERVING OF	- ONLY ICE ARE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER PER \$ \$ \$.00 .00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 80 .000 .000 .000 .000 .000 .000 .000	ONTE S S S S S S S S S S S S S S S S S S S	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSSS	.00 .00 .00 .00 .00 .01/29/04
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE/SUMMARY OF SERVI	OS AND EXPENDITED TO THE PROPERTY OF SERVING OR DAYS OF CARD	- ONLY ICE ARE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER PER \$ \$ \$.00 .00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 80 .000 .000 .000 .000 .000 .000 .000	ONTE C	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C E & & & & & & & & & & & & & & & & & &	.00 .00 .00 .00 .00 .01/29/04 DST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE/SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OS AND EXPENDITED TO THE PROPERTY OF SERVING OR DAYS OF COMMENT OF SERVING OF	- ONLY ICE ARE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER PER \$ \$ \$.00 .00 .00 .00 FOR JAN 2 AID CODE RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 2003 THRU 80 .000 .000 .000 .000 .000 .000 .000	ONTE C	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C E & & & & & & & & & & & & & & & & & &	.00 .00 .00 .00 .00 .01/29/04

NON TIDE HODELTAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ü	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	4.42	4.42	.017	4.42	.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
PATHOLOGY	0	0			.000		
RADIOLOGY	Ü	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	4.42	4.42	.017	4.42	.07
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000		
HSC HOSPITALS	0	0		.00		.00	.00
NON-HSC HOSPITALS TOTAL	Ü	Ü	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	0	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
PAINOLOGI	Ü	U					
DADTOI OGII							
RADIOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0 0	0 0	.00	.00 .00	.000	.00	.00
	0 0 0	0 0 0					
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	S AND EXPENDITURES MODENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 1 0 0 0 1 0 0 1	.00 .00 NTH-OF-PAYMENT RI EXPENDITURES 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 EPORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .003 THRU DI 80 MOI UNITS/DAYS PER ELIG .017 : .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 EC 2003 NTHLY AVERAC COST PER USER \$ 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PAGE 1,871 01/29/04 GE COST PER ELIGIBLE \$.07 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	S AND EXPENDITURES MODENTAL CCES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 1 0 0 1 212 \$.00 .00 NTH-OF-PAYMENT RI EXPENDITURES 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 EPORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .003 THRU DI 80 MOI UNITS/DAYS PER ELIG .017 : .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 EC 2003 NTHLY AVERAC COST PER USER \$ 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PAGE 1,871 01/29/04 GE COST PER ELIGIBLE \$.07 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	S AND EXPENDITURES MODENTAL CES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 1 0 0 0 1 0 0 1	.00 .00 NTH-OF-PAYMENT RI EXPENDITURES 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 EPORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .003 THRU DI 80 MOI UNITS/DAYS PER ELIG .017 : .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 EC 2003 NTHLY AVERAC COST PER USER \$ 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PAGE 1,871 01/29/04 GE COST PER ELIGIBLE \$.07 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 59 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	S AND EXPENDITURES MODENTAL CCES FOR QMB - ONLY UNITS OF SERVICE OR DAYS OF CARE 1 \$ 0 0 0 0 0 0 0 1 0 0 1 212 \$.00 .00 NTH-OF-PAYMENT RI EXPENDITURES 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 EPORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .003 THRU DI 80 MOI UNITS/DAYS PER ELIG .017 : .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 EC 2003 NTHLY AVERAC COST PER USER \$ 4.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 PAGE 1,871 01/29/04 GE COST PER ELIGIBLE \$.07 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL

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@NURSING FACILITY	0	0 Ś	.00	Ś	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	т.	.00	т	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	ı	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00	ı	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	1	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00		.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2003	3 THRU	DEC	2003	PAGE	
MOP024	FEE-FOR-SERVICE/DENTAL								0	1/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	QMB - ONL	₂ Y		AID CODE 80					
50							-	HLY AVERA	_	
59 ELIGIBLES	USERS UNITS OF	F SERVICE	EXPENDITURES	AVEI	RAGE COST UNI	LTS/DAY	S C	COST PER	COS	T PER

					MON'	THLY AVERAG	E
59 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	10.92	\$ 10.92	.017 \$	10.92	\$.19
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	10.92	10.92	.017	10.92	.19
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 10 374 \$ 981.68 \$ 2.62 6.339 \$ 98.17 \$ 16.64

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,873 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 COLUSA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

3020011 3001111	Bornanci di Berr	71025 1011 1050 111001411	1122	00220 /2 /1 011	MON	THLY AVERA	GE
1,202 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_,	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	507	1,473 \$	47,712.56	\$ 32.39	1.225 \$		
@PHYSICIANS SERVICES	163	330 \$	9,145.10	\$ 27.71	.275 \$		\$ 7.61
OUTPATIENT VISITS	140	186	5,969.52	32.09	.155	42.64	4.97
OFFICE VISITS	117	152	4,369.90	28.75	.126	37.35	3.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	25	32	1,545.95	48.31	.027	61.84	1.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	53.67	26.84	.002	26.84	.04
INPATIENT VISITS	1	2	128.63	64.32	.002	128.63	.11
HOSPITAL VISITS	1	2	128.63	64.32	.002	128.63	.11
CRITICAL CARE	1	0	.00	.00	.002	.00	.00
	0	0	.00		.000		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	0	~	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	13	48	1,922.98	40.06	.040	147.92	1.60
PRINCIPAL SURGEON	7	8	923.29	115.41	.007	131.90	.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	40	999.69	24.99	.033	142.81	.83
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	16	38.08	2.38	.013	2.38	.03
RADIOLOGY	9	11	619.21	56.29	.009	68.80	.52
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	67	466.68	6.97	.056	35.90	.39
@PHARMACY	260	491 \$	8,933.33	\$ 18.19	.408 \$	34.36	\$ 7.43
PRESCRIPTION DRUGS	259	488	8,919.98	18.28	.406	34.44	7.42
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	259	488	8,919.98	18.28	.406	34.44	7.42
MEDICAL SUPPLIES	2	3	13.35	4.45	.002	6.68	.01
@DENTIST	38	147 \$	4,191.00	\$ 28.51	.122 \$	110.29	\$ 3.49
VISITS - DIAGNOSTIC	30	96	1,607.00	16.74	.080	53.57	1.34
ORAL SURGERY	4	11	370.00	33.64	.009	92.50	.31
DRUGS	5	5	80.00	16.00	.004	16.00	.07
ANESTHESIA	0	1	100.00	100.00	.001	.00	.08
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	213.00	71.00	.002	213.00	.18
RESTORATIVE DENTISTRY	12	29	1,501.00	51.76	.024	125.08	1.25
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	2	2	320.00	160.00	.002	160.00	. 27
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,874 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

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						MOI	NTHLY AVERA	GΕ	
1,202 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR	DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	3	6	\$	185.20	\$ 30.87	.005	\$ 61.73	\$.15
DIAGNOSTIC AND ANC. PROCED	3	3		142.35	47.45	.002	47.45		.12
EYE APPLIANCES	1	3		42.85	14.28	.002	42.85		.04
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	n.	0	Ġ	.00	Ċ	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ċ.	.00	\$.00	.000	\$.00	\$.00
	0	0	ب خ								
NURSE MIDWIFE	U		Ş	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	Ş	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	88	264	\$	10,016.03	\$	37.94	.220	\$	113.82	\$	8.33
HOSP INPATIENT TOTAL	1	1		2,295.64		2295.64	.001		2295.64		1.91
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1		2,295.64		2295.64	.001		2295.64		1.91
	1	1		255.20		255.20	.001		255.20		.21
ACCOMMODATIONS	1	<u></u>									
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		255.20		255.20	.001		255.20		.21
ANCILLARIES	1	0		2,040.44		.00	.000		2040.44		1.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	87	263		7,720.39		29.36	.219		88.74		6.42
MEDICAL	11	12		489.62		40.80	.010		44.51		.41
SURGERY	9	9		363.41		40.38	.007		40.38		.30
PATHOLOGY	49	81		859.48		10.61	.067		17.54		.72
RADIOLOGY	23	33		2,133.88		64.66	.027		92.78		1.78
ROOM USE	62	77		3,239.58		42.07	.064		52.25		2.70
CROSSOVERS/ALL OTH OUTPTNT	36	51		634.42		12.44	.042		17.62		.53
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00		.00	.000		.00	•	.00
HSC HOSPITALS	0	Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
ACCOMMODATIONS	0	0					.000				.00
ADMINISTRATIVE DAYS	Ü	Ü		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	Ŏ	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0									
ROOM USE	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		JRES MON	NTH-OF-PAYMENT R	EPOR'	r for Jan 2	2003 THRU	DEC	2003	PAG	E 1,875
MOP024	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 133%	PROGRAM	AID	CODE	S 72 74 8N	8P				
							M	ONT	HLY AVERA	GE	
1,202 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER	CC	ST PER
		OR DAYS OF CAL	RE		PE	R UNIT/DAY	PER ELIG		USER	ΕI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	88	264	\$	10,016.03	\$	37.94	.220	\$	113.82	Ś	8.33
COMM HOSP INPATIENT TOTAL	1	1	т	2,295.64	Ψ.	2295.64	.001	~	2295.64	Υ	1.91
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1										
	1	1		2,295.64		2295.64	.001		2295.64		1.91
ACCOMMODATIONS	Ţ	1		255.20		255.20	.001		255.20		.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		255.20		255.20	.001		255.20		.21
ANCILLARIES	1	0		2,040.44		.00	.000		2040.44		1.70
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ö	Ö		.00		.00	.000		.00		.00
	•	· ·		. 3 0							

COMM HOSP OUTPATIENT TOTAL	87	263		7,720.39		29.36	.219		88.74		6.42
MEDICAL	11	12		489.62		40.80	.010		44.51		.41
SURGERY	9	9		363.41		40.38	.010		40.38		.30
PATHOLOGY	49	81		859.48		10.61	.067		17.54		.72
RADIOLOGY	23	33		2,133.88		64.66	.027		92.78		1.78
ROOM USE	62	77		3,239.58		42.07	.064		52.76		2.70
CROSSOVERS/ALL OTH OUTPTNT		51		634.42		12.44	.042		17.62		.53
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	ċ.	.00	ċ.	.00
MENTALLY ILL	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	ċ.	.00
LEV A-INTERMEDIATE	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE LEV B-REGULAR	0	0		.00			.000				.00
	0	0	à		d	.00		4	.00	4	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	4.	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	4.	.00		.00
@LABORATORY FACILITY	20	51	\$	427.33	\$	8.38	.042	Ş	21.37	Ş	. 36
PATHOLOGY	20	51		427.33		8.38	.042		21.37		. 36
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	129	181	\$	14,697.83	\$	81.20	.151	\$	113.94	\$	12.23
CLINIC	1	4		92.89		23.22	.003		92.89		.08
SURGICENTER	2	10		244.41		24.44	.008		122.21		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	126	167		14,360.53		85.99	.139		113.97		11.95
#CALIF DEPT OF HEALTH SERV			URES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 20	003 THRU	DEC	2003	PI	GE 1,876
MOP024	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 133%	PROGRAI	MID	CODES						
									HLY AVERA		
1,202 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST U	JNITS/DAY	S (COST PER		OST PER

AVERAGE COST UNITS/DAYS 1,202 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3 @ALL OTHER PROVIDERS 3 116.74 38.91 .002 \$ 38.91 \$.10 99.99 99.99 DURABLE MED. EQUIP. 1 .001 99.99 .08 BLOOD BANK 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 HEARING AID DISPENSERS 0 .000 .00 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .00 .000 .00 AMBULANCES/AIR TRANS OTHER TRANS 0 0 .00 .00 .000 .00 .00 .00 .00 .00 OTHER SERVICES 0 .00 .000 0 .00 .00 .000 .00 .00 ACUPUNCTURE 0 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .000 GENETIC DISEASE TESTING 0 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 OPTICIAN 0 .00 .00 .00 .000 .00 .00 PHYSICAL THERAPIST PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .000 PROSTHETICS 0 0 .00 .00 .000 .00 .00 0 ORTHOTICS 0 .00 .00 .000 .00 .00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2	16.75	8.38	.002	8.38	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	7	\$ 1,909.15	\$ 272.74	.006	\$ 954.58	\$ 1.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 1,877 01/29/04

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 100% P	ROGRAM	AID (CODES 7A 7C 8R	8T		, , , ,
						MOI	NTHLY AVERA	AGE
795 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	197	679	\$	31,554.33	\$ 46.47	.854	\$ 160.17	\$ 39.69
@PHYSICIANS SERVICES	38	71	\$	4,217.25	\$ 59.40	.089	\$ 110.98	
OUTPATIENT VISITS	27	36		934.07	25.95	.045	34.60	1.17
OFFICE VISITS	21	24		730.65	30.44	.030	34.79	.92
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		112.95	56.48	.003	56.48	.14
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	9		74.67	8.30	.011	24.89	.09
OTHER OUTPATIENT	1	1		15.80	15.80	.001	15.80	.02
INPATIENT VISITS	2	5		197.14	39.43	.006	98.57	.25
HOSPITAL VISITS	2	5		197.14	39.43	.006	98.57	. 25
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2		2,177.12	1088.56	.003	1088.56	2.74
PRINCIPAL SURGEON	2	2		2,177.12	1088.56	.003	1088.56	2.74
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	11		469.07	42.64	.014	117.27	.59
PRINCIPAL SURGEON	2	2 0		227.67	113.84	.003	113.84	.29
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9		241.40	26.82	.011	120.70	.30
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	4		17.87	4.47	.005	4.47	.02
RADIOLOGY	7	11		399.15	36.29	.014	57.02	.50
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		22.83	11.42	.003	11.42	.03
@PHARMACY	55	90	\$	4,104.58	\$ 45.61	.113	\$ 74.63	\$ 5.16
PRESCRIPTION DRUGS	55	90		4,104.58	45.61	.113	74.63	5.16
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	55	90		4,104.58	45.61	.113	74.63	5.16
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	21	126	\$	3,827.00	\$ 30.37	.158	\$ 182.24	\$ 4.81
VISITS - DIAGNOSTIC	16	79		975.00	12.34	.099	60.94	1.23
ORAL SURGERY	3	9		403.00	44.78	.011	134.33	.51
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.001	330.00	.42
RESTORATIVE DENTISTRY	9	31	1,696.00	54.71	.039	188.44	2.13
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	2	240.00	120.00	.003	240.00	.30
MAXILLOFACIAL SERVICES	1	1	48.00	48.00	.001	48.00	.06
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	135.00	67.50	.003	67.50	.17
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 1,878
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	R 100% PROGRAM	AID CODES	7A 7C 8R	8T		
					MONT	HIV AMERAC	IF

MOPUZ4	FEE-FOR-SERVICE		1000 55	000011	7.75	20552	F3 FG 05	0.00				01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	100% PR	.OGRAM	AID (CODES	7A 7C 8R		\ X T C C		aп	
BOE DI TOTRI DO	Hanna		a========			3.7.7		MC				
795 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	5			COST PER
OODEOMEED TOE	1	OR DAYS			00 30			PER ELIG	4	USER	4	ELIGIBLE
@OPTOMETRIST	1		4	\$	90.30	\$	22.58	.005	Ş	90.30	Ş	.11
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.001		47.45		.06
EYE APPLIANCES	1		3		42.85		14.28	.004		42.85		.05
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0 0		.00		.00	.000		.00		.00
@PODIATRIST	U			\$.00	\$.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00	4.	.00
@HOME HEALTH AGENCY	0		0	\$.00	Ş	.00	.000		.00		.00
NURSE ANESTHESIST	1		0 7 0 0	Ş	125.85	Ş	17.98		\$	125.85	\$.16
NURSE MIDWIFE	0		0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	34		92	\$	9,193.55	\$	99.93	.116	\$		\$	11.56
HOSP INPATIENT TOTAL	2		7		6,882.28		983.18	.009		3441.14		8.66
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2		7		6,882.28		983.18	.009		3441.14		8.66
ACCOMMODATIONS	2		7		1,664.60		237.80	.009		832.30		2.09
ADMINISTRATIVE DAYS	0		0 0 7		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2				1,664.60		237.80	.009		832.30		2.09
ANCILLARIES	2		0		5,217.68		.00	.000		2608.84		6.56
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	33		85		2,311.27		27.19	.107		70.04		2.91
MEDICAL	1		1		8.13		8.13	.001		8.13		.01
SURGERY	7		7		112.47		16.07	.009		16.07		.14
PATHOLOGY	17		28		322.55		11.52	.035		18.97		.41
RADIOLOGY	10		13		852.98		65.61	.016		85.30		1.07
ROOM USE	17		24		858.80		35.78	.030		50.52		1.08
CROSSOVERS/ALL OTH OUTPTNT			12		156.34		13.03	.015		31.27		.20
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPOR'	r for jan 200	3 THRU DEC	2003	PAGE 1,879
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	R 100% PROGRAM	AID CODE	S 7A 7C 8R 87	[
					MONT	THLY AVERAC	GE
795 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AV	ERAGE COST UI	NITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE	PE	R UNIT/DAY I	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	92 \$	9,193.55 \$	99.93	.116 \$	270.40	\$ 11.56

COMMA HOOR THE THE TOTAL	0			6 000 00	-	000 10	0.00		2441 14		0.66
COMM HOSP INPATIENT TOTAL	2	-/		6,882.28		983.18	.009		3441.14		8.66
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	7		6,882.28	9	983.18	.009		3441.14		8.66
ACCOMMODATIONS	2	7		1,664.60	2	237.80	.009		832.30		2.09
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0			_				.00		
ALL OTHER ACCOM	2	-/		1,664.60		237.80	.009		832.30		2.09
ANCILLARIES	2	0		5,217.68		.00	.000		2608.84		6.56
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0 85		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	33	85		2,311.27		27.19	.107		70.04		2.91
	1	1				8.13			8.13		
MEDICAL	_			8.13			.001				.01
SURGERY	7	7		112.47		16.07	.009		16.07		.14
PATHOLOGY	17	28		322.55		11.52	.035		18.97		.41
RADIOLOGY	10	13		852.98		65.61	.016		85.30		1.07
ROOM USE	17	24		858.80		35.78	.030		50.52		1.08
CROSSOVERS/ALL OTH OUTPTNT	17 5	12		156.34		13.03	.015		31.27		.20
	0		4					4		4	
@STATE HOSPITAL	U	0	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	4	.00	.000	т	.00	т.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE FREESTANDING	Ü	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś	.00	Ġ	.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
	0	0									
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00	·	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	Ô	0		.00		.00	.000		.00		.00
	0	0	\$		Ċ	.00	.000	4		4	
@REHABILITATION FACILITY	U		Ş	.00	Þ			Þ	.00	Þ	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	29	\$	381.82	\$	13.17	.036	\$	31.82	Ġ	.48
PATHOLOGY	12	29	•	381.82		13.17	.036	•	31.82		.48
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	62	95	Ċ							d	
@ORGANIZED OUTPATIENT CLINIC	02		\$	7,700.32		81.06	.119	Þ	124.20	Þ	9.69
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	10		244.41		24.44	.013		.00 244.41		.31
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0 62	85		7,455.91		87.72	. 107		.00		9.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAI. SERVIC	ES AND EXPENDITUR	FC MON	TH_OF_DAVMENT DI	FDORT F	OP TAN '	2003 THEII	חדכ	2003	D7	CF 1 880
			DD MON	III OF FAIRENT KI	BFORT I	OK UAN A	2005 11110	טייכ	2003	L P	01/29/04
MOP024	FEE-FOR-SERVICE				~~~ -		0-				01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 100% PR	JGRAM	AID (CODES	/A /C 8R					
							M				
795 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER <i>A</i>	AGE COST	UNITS/DAY	S (COST PER	C	COST PER
		OR DAYS OF CARE					PER ELIG		USER	F	LIGIBLE
@ALL OTHER PROVIDERS	29	165	\$	1,913.66	\$	11.60	.208		65.99	\$	2.41
DURABLE MED. EQUIP.	0	0	Y		Ÿ	.00	.000	Y	.00	Ÿ	.00
~				.00							
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS											
	0	0		. 0.0		.00	. 000		. ()()		. () ()
	•	-		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS OTHER SERVICES	0 0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.0	0	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.0	0	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.0	0	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
OPTICIAN	4	9	89.46	9.94	.011	22.3	7	.11
PHYSICAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.0	0	.00
PROSTHETICS	0	0	.00	.00	.000	.0	0	.00
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	0	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	24	155	1,719.20	11.09	.195	71.6		2.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.0	0	.00
@CALIF. CHILDREN SERVICES*	2	5	\$ 93.91	\$ 18.78	.006	\$ 46.9	6 \$.12
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.0	0 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,881 FEE-FOR-SERVICE/DENTAL

01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MO1	NTHLY AVERAC	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	219	410 \$	15,326.95	\$ 37.38	.000	\$ 69.99	\$.00
@PHYSICIANS SERVICES	143	205 \$	9,454.40	\$ 46.12	.000	\$ 66.11	\$.00
OUTPATIENT VISITS	128	152	9,194.00	60.49	.000	71.83	.00
OFFICE VISITS	81	82	1,537.24	18.75	.000	18.98	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	61	70	7,656.76	109.38	.000	125.52	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	52	53	260.40	4.91	.000	5.01	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	16	25	\$	333.86	\$	13.35	.000	\$	20.87	\$.00
PRESCRIPTION DRUGS	16	25		333.86		13.35	.000		20.87		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	16	25		333.86		13.35	.000		20.87		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	RES M	ONTH-OF-PAYMENT RE	EPORI	r for Jan	2003 THRU	DEC 2	2003	PAGE	1,882
MOP024	FEE-FOR-SERVICE/DENTAL									01	/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	PRESUM	PTIVE	ELIGIBILITY-PREGN	TNA	AID CODES	7F 7G				

COLOSA COUNTI	AGC 10 IAAMMUG	VICES FOR PRE	SOMPII	V L 1	EDIGIDIDI I - PKEGI	NAMI	AID CODES	MOI	THIY AVE	RAG	E -	
00 ELIGIBLES	USERS	UNITS OF SER	RVTCE		EXPENDITURES	A77F	RAGE COST	UNITS/DAYS				OST PER
00 HIIGIBIES	OBLIE	OR DAYS OF			BIII BIVDI I ORBO		R UNIT/DAY	PER ELIG	USER			LIGIBLE
@OPTOMETRIST	0		0 \$.00	\$.00	.000		0	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	•	.00	.000	. (0		.00
EYE APPLIANCES	0		0		.00		.00	.000	. 0	0		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	. 0	0		.00
@CHIROPRACTOR	0		0 \$.00	\$.00	.000	5 .0	0	\$.00
VISITS	0		0		.00	•	.00	.000	. (0	•	.00
OTHER SERVICES	0		0		.00		.00	.000	. 0	0		.00
@PODIATRIST	0		0 \$.00	\$.00	.000	5 .0	0	\$.00
MEDICINE/INJECTIONS	0		0		.00	•	.00	.000	. (0		.00
SURGERY/ANES.	0		0		.00		.00	.000	. 0	0		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	. 0	0		.00
OTHER	0		0		.00		.00	.000	. 0	0		.00
@HOME HEALTH AGENCY	0		0 \$.00	\$.00	.000	5 .0	0	\$.00
NURSE ANESTHESIST	0		0 \$.00	\$.00	.000		0	\$.00
NURSE MIDWIFE	0		0 \$.00	\$.00	.000	5 .0	0	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$.00	\$.00	.000	;	0	\$.00
FAMILY NURSE PRACTITIONER	0		0 \$.00	\$.00	.000	5 .0	0	\$.00
@TOTAL HOSPITAL	4		8 \$		314.56	\$	39.32	.000	78.6	4	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	. 0	0		.00
HSC HOSPITALS	0		0		.00		.00	.000	. 0	0		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	. 0	0		.00
ACCOMMODATIONS	0		0		.00		.00	.000	. 0	0		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	. 0	0		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	. 0	0		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	. 0	0		.00
ANCILLARIES	0		0		.00		.00	.000	. 0	0		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	. 0	0		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	. 0	0		.00
HOSP OUTPATIENT TOTAL	4		8		314.56		39.32	.000	78.6	4		.00
MEDICAL	0		0		.00		.00	.000	. 0	0		.00
SURGERY	0		0		.00		.00	.000	. 0	0		.00
PATHOLOGY	2		3		65.68		21.89	.000	32.8	4		.00
RADIOLOGY	2		2		190.12		95.06	.000	95.0	16		.00
ROOM USE	0		0		.00		.00	.000	. 0	0		.00
ROOM USE	0		0		.00		.00	.000	. (0		.00

CROSSOVERS/ALL OTH OUTPTNT	1	3	58.76	19.59	.000	58.76	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU D	DEC 2003	PAGE 1,883
MOP024	FEE-FOR-SERVICE/DENTAL	_					01/29/04

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

COLUSA COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG @COMMUNITY HOSPITAL TOTAL 8 314.56 39.32 .000 \$ 78.64 \$.00 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 314.56 39.32 .000 78.64 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 MEDICAL .00 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 3 65.68 21.89 .000 32.84 PATHOLOGY .00 RADIOLOGY 190.12 95.06 .000 95.06 .00 ROOM USE .00 .00 .000 .00 .00 3 .000 CROSSOVERS/ALL OTH OUTPTNT 58.76 19.59 58.76 .00 @STATE HOSPITAL .00 \$.00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 .000 LEV B-SUBACUTE FREESTANDING .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 0 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .000 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 .00 ICF DDH .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ICF DD ICF DDN/DDCN 0 .00 .00 .000 .00 .00 0 .00 @HEMODIALYSIS TOTAL .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	88		153	\$	3,522.60	\$	23.02	.000	\$	40.03	\$.00
PATHOLOGY	88		153		3,522.60		23.02	.000		40.03		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12		14	\$	1,200.53	\$	85.75	.000	\$	100.04	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12		14		1,200.53		85.75	.000		100.04		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPE	ENDITUR	ES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PAGE	1,884
MOP024	FEE-FOR-SERVICE	/DENTAL									0.3	1/29/04
COLUSA COUNTY	SUMMARY OF SERVI	ICES FOR I	PRESUMP'	TIVE	ELIGIBILITY-PREG	NANT	AID CODES	5 7F 7G				
									MONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	COST	Γ PER

		OR DAYS OF CARE			PER	R UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@ALL OTHER PROVIDERS	5	5	\$	501.00	\$	100.20	.000	\$ 100.20	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	5	5		501.00		100.20	.000	100.20		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,885 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

COLUSA COUNTI	SUMMARI OF SERV.	ICES FOR	MEDI-CAI	TOPE	MCOLOSIS PROGRAM	AID CODE	/п		
							MC	NTHLY AVERA	GE
04 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	•	\$.00
OUTPATIENT VISITS	0		0	•	.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		Ô		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
	0		0				.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00						
OTHER SERVICES/ALL X-OVERS	U		Ū		.00		.00	.000	.00		.00
@PHARMACY	U		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000	.00		.00
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	0		0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00		.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00
DRUGS	0		0		.00		.00	.000	.00		.00
ANESTHESIA	0		0		.00		.00	.000	.00		.00
PERIODONTICS	0		0		.00		.00	.000	.00		.00
ENDODONTICS	0		0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		Ô		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDUIC	EC AND EV	•	C M	.00 ONTH-OF-PAYMENT RE	рорт				D.7	AGE 1,886
MOP024	FEE-FOR-SERVICE		PENDITORE	DIM CT	JNIH-OF-PAIMENI KE	PORT	FOR UAN 2	I UARI CUU	JEC 2003	PF	01/29/04
COLUSA COUNTY			MEDT CAT		DEDCIII OCTC DDOCDAM		AID CODE	711			01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	MEDI-CAL	101	BERCULOSIS PROGRAM		AID CODE		NTITITE 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	αn	
04 ELIGIDIES	HOEDO	INTERC OF	CEDITA		EXPENDIBLE	7. 7. 7. 7. 7.			ONTHLY AVERA		
04 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS			COST PER
CODEONEED TOE	0	OR DAYS	OF CARE		0.0		UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	•	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	.00		.00
EYE APPLIANCES	0		0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	0		0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NUDGE ANDGENEGICE	0		0	,	0.0	À	0.0	0.00	d 00	Ä	0.0

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NURSE ANESTHESIST

HSC HOSPITALS

ACCOMMODATIONS

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

NON-HSC HOSPITAL TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

HOSP INPATIENT TOTAL

NURSE MIDWIFE

@TOTAL HOSPITAL

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES 1	MONTH-OF-PAYMENT REF	PORT FOR JAN 20	03 THRU DE	C 2003	PAGE 1,887
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MEDI-CAL T	UBERCULOSIS PROGRAM	AID CODE 7	Н		
				_	MON'	THLY AVERAG	E
04 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST U	NITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

					MON.	THLY AVERAGE	
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-O	F-PAYMENT REF	PORT	FOR JAN 2003	THRU	DEC 2	2003	PAGE	
MOP024	FEE-FOR-SERVICE/DENTAL									C	01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MEDI-CA	AL TUBERCUL	OSIS PROGRAM		AID CODE 7H					
							70.0	ONTITUTE T		7.	

----- MONTHLY AVERAGE -----04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .000 \$ @ALL OTHER PROVIDERS .00 \$.00 .00 \$.00 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 0 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 .000 OTHER TRANS .00 .00 .00 OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 .00 .000 PROSTHETICS .00 .00 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 .000 \$.00 .00 \$.00 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,889
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

0020011 0001111	DOIMERT OF DELLY			 	00000 /11 /1 /11	, -·			
						MO	NTHLY AVERA	4GE	
34 ELIGIBLES	USERS	UNITS OF S	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS (OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	44		194	\$ 31,232.86	\$ 160.99	5.706	\$ 709.84	\$	918.61
@PHYSICIANS SERVICES	22		55	\$ 4,228.58	\$ 76.88	1.618	\$ 192.21	\$	124.37
OUTPATIENT VISITS	12		22	1,368.85	62.22	.647	114.07		40.26
OFFICE VISITS	5		5	263.22	52.64	.147	52.64		7.74
HOME VISITS	0		0	.00	.00	.000	.00		.00
EMERGENCY ROOM	1		1	44.60	44.60	.029	44.60		1.31
PREVENTIVE CARE	0		0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	7		16	1,061.03	66.31	.471	151.58		31.21
OTHER OUTPATIENT	0		0	.00	.00	.000	.00		.00
INPATIENT VISITS	2		6	227.14	37.86	.176	113.57		6.68

HOSPITAL VISITS	2	6		227.14		37.86	.176		113.57		6.68
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	6		2,042.44		340.41	.176		510.61		60.07
PRINCIPAL SURGEON	3	3		1,772.52		590.84	.088		590.84		52.13
ASSISTANT SURGEON	1	1		186.50		186.50	.029		186.50		5.49
ANESTHESIOLOGIST	1	2		83.42		41.71	.059		83.42		2.45
OUTPATIENT SURGERY	5	8		394.47		49.31	.235		78.89		11.60
PRINCIPAL SURGEON	4	6		298.76		49.79	.176		74.69		8.79
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	2		95.71		47.86	.059		95.71		2.82
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	12		101.36		8.45	.353		16.89		2.98
RADIOLOGY	1	1		94.32		94.32	.029		94.32		2.77
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	13	19	\$	241.82	\$	12.73	.559	Ś	18.60	Ś	7.11
PRESCRIPTION DRUGS	11	17	-	241.82	-	14.22	.500	т	21.98	т.	7.11
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	11	17		241.82		14.22	.500		21.98		7.11
MEDICAL SUPPLIES	2	2		.00		.00	.059		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	•	.00	•	.00	.000	·	.00	•	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES 1	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN 2	003 THRU	DEC	2003	P	AGE 1,890
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES	FOR MINOR	CONSI	ENT AID CODES AID (CODE	S 7M 7P 7R	7N				
							M	ТИС	HLY AVERA	GE ·	

34 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 0 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .000 .00 .00 .00 .000 \$ @CHIROPRACTOR .00 .00 .00 .000 VISITS 0 .00 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 0 .00 .00 .000 \$.00 .00 0 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 SURGERY/ANES. .00 RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 .00 OTHER @HOME HEALTH AGENCY 104.99 52.50 .059 \$ 52.50 \$ 3.09 \$ NURSE ANESTHESIST 123.64 24.73 .147 \$ 123.64 \$ 3.64

NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	21	75 \$	24,789.75	\$ 330.53	2.206 \$	1180.46	\$ 729.11
HOSP INPATIENT TOTAL	5	16	22,509.60	1406.85	.471	4501.92	662.05
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	16	22,509.60	1406.85	.471	4501.92	662.05
ACCOMMODATIONS	5	16	6,179.20	386.20	.471	1235.84	181.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	16	6,179.20	386.20	.471	1235.84	181.74
	5	0	16,330.40	.00	.000	3266.08	480.31
ANCILLARIES	5	0	•				
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT			.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	59	2,280.15	38.65	1.735	120.01	67.06
MEDICAL	1	1	7.23	7.23	.029	7.23	.21
SURGERY	1	1	67.50	67.50	.029	67.50	1.99
PATHOLOGY	11	25	284.05	11.36	.735	25.82	8.35
RADIOLOGY	7	7	568.15	81.16	.206	81.16	16.71
ROOM USE	8	11	1,035.84	94.17	.324	129.48	30.47
CROSSOVERS/ALL OTH OUTPTNT	7	14	317.38	22.67	.412	45.34	9.33
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 1,891
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MINOR CONS	ENT AID CODES AID	CODES 7M 7P 7R	7N		
					MON'	THLY AVERA	GE
34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	32213	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	75 \$	24,789.75	\$ 330.53		1180.46	
COMM HOSP INPATIENT TOTAL	5	16	22,509.60	1406.85	.471	4501.92	662.05
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	16	22,509.60	1406.85	.471	4501.92	662.05
TAIOI CHAILIGON JON-NON	3	Τ.0	44,509.00	1400.00	• 4 / 1	4001.94	004.05

34 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	75 \$	24,789.75	\$ 330.53	2.206	\$ 1180.46	\$ 729.11
COMM HOSP INPATIENT TOTAL	5	16	22,509.60	1406.85	.471	4501.92	662.05
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	16	22,509.60	1406.85	.471	4501.92	662.05
ACCOMMODATIONS	5	16	6,179.20	386.20	.471	1235.84	181.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	16	6,179.20	386.20	.471	1235.84	181.74
ANCILLARIES	5	0	16,330.40	.00	.000	3266.08	480.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	59	2,280.15	38.65	1.735	120.01	67.06
MEDICAL	1	1	7.23	7.23	.029	7.23	.21
SURGERY	1	1	67.50	67.50	.029	67.50	1.99
PATHOLOGY	11	25	284.05	11.36	.735	25.82	8.35

RADIOLOGY	7	7		568.15		81.16	.206		81.16		16.71
ROOM USE	8	11		1,035.84		94.17	.324		129.48		30.47
CROSSOVERS/ALL OTH OUTPTNT	7	14		317.38		22.67	.412		45.34		9.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	9	\$	240.07	\$	26.67	.265	\$	40.01	\$	7.06
PATHOLOGY	6	9		240.07		26.67	.265		40.01		7.06
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	29	\$	1,504.01	\$	51.86	.853	\$	167.11	\$	44.24
CLINIC	3	21		794.25		37.82	.618		264.75		23.36
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	8		709.76		88.72	.235		118.29		20.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	JRES MON	TH-OF-PAYMENT RE	EPORT	FOR JAN 2003	THRU	DEC	2003	PF	GE 1,892
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSENT	AID CODES AID C	CODES	7M 7P 7R 7N					
								3 TITT		~ =	

----- MONTHLY AVERAGE -----34 ELIGIBLES **USERS** UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS .00 .000 0 0 \$.00 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 .00 .00 PROSTHETICS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORTHOTICS PSYCHOLOGIST 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,893 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY	SUMMARY OF SERVICE		בטמעמטם	CACEC	TN DA_EAMTITES	AID CODE	3.0			01/25/01
COLOSA COUNTI	SUMMART OF SERVIC	CES FOR 1	EDWAKDS	CHOLO	IN FA-PAMILIES	AID CODE	MOI	א מיינות ע זעיינ	CF	
825 ELIGIBLES	USERS (UNITS OF S	CEDVITCE		EXPENDITURES	AVERAGE COST				ST PER
025 FILIGIPIES		OR DAYS (EXPENDITORES	PER UNIT/DAY		USER		IGIBLE
OTOTAL ALL DROUTDERS	456			\$	61,426.99		2.304			74.46
@TOTAL, ALL PROVIDERS	456	1	,901			•				
@PHYSICIANS SERVICES	93 82		192	\$	9,438.72	\$ 49.16	.233		Ş	11.44
OUTPATIENT VISITS			100		3,466.87	34.67	.121	42.28		4.20
OFFICE VISITS	73		87		2,718.23	31.24	.105	37.24		3.29
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	10		11		561.85	51.08	.013	56.19		.68
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	2		2		186.79	93.40	.002	93.40		.23
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2		3		152.73	50.91	.004	76.37		.19
EXAMINATIONS	2		3		152.73	50.91	.004	76.37		.19
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		Ö		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		Ö		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	Ô		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	6		10		579.27	57.93	.012	96.55		.70
PRINCIPAL SURGEON	5		6		459.90	76.65	.007	91.98		.56
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1		4		119.37	29.84	.005	119.37		.14
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		12		48.71	4.06	.015	4.87		.06
	6									
RADIOLOGY	0		10		655.31	65.53	.012	109.22		.79
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2		44		4,215.24	95.80	.053	2107.62		5.11
OTHER SERVICES/ALL X-OVERS	8 219		13		320.59	24.66	.016	40.07		.39
@PHARMACY			775	\$	20,706.79	\$ 26.72	.939		Ş	25.10
PRESCRIPTION DRUGS	214		403		20,211.80	50.15	.488	94.45		24.50
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	214		403		20,211.80	50.15	.488	94.45		24.50
MEDICAL SUPPLIES	6		372		494.99	1.33	.451	82.50		.60
@DENTIST	38		221	\$		\$ 24.54	.268		\$	6.57
VISITS - DIAGNOSTIC	23		152		1,522.00	10.01	.184	66.17		1.84
ORAL SURGERY	5		6		263.00	43.83	.007	52.60		.32
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	1		1		200.00	200.00	.001	200.00		.24
ENDODONTICS	4		8		757.00	94.63	.010	189.25		.92
RESTORATIVE DENTISTRY	13		45		2,121.00	47.13	.055	163.15		2.57
PROSTHETICS	0		0		.00	.00	.000	.00		.00
	-		-							

DENTURES, STAYPLATES	0		0		.00		.00		000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00		000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00		000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	9		9		560.00	6	2.22		011		62.22		.68
ALL OTHER SERVICES	0		0		.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITURE	ES MON'	TH-OF-PAYMENT RI	EPORT FO	R JAN	2003 T	HRU DI	EC .	2003	PAGI	1,894
MOP024	FEE-FOR-SERVICE/D	ENTAL										(01/29/04
COLUSA COUNTY	SUMMARY OF SERVICE	ES FOR	EDWARDS	CASES	IN PA-FAMILIES	Al	D CODE	38					
									MOI	NTH:	LY AVERA	GE	
825 ELIGIBLES	USERS UI	NITS OF	SERVICE		EXPENDITURES	AVERAC	E COST	UNITS	/DAYS	C	OST PER	COS	ST PER
	(OR DAYS	OF CARE			PER UN	IIT/DAY	PER	ELIG		USER	EL	GIBLE
@OPTOMETRIST	4		7	\$	242.91	\$ 3	4.70		008	\$	60.73	\$. 29
DIAGNOSTIC AND ANC. PROCED	4		4		189.80	4	7.45		005		47.45		.23
EYE APPLIANCES	1		3		53.11	1	7.70		004		53.11		.06
OTHER OPTOMETRIC SERVICES	0		0		.00		.00		000		.00		.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	Õ	Y	.00	٧	.00	.000	٧	.00	٧	.00
OTHER SERVICES	0	Õ		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	Ś	.00
	0	0	Ą	.00	Ą	.00	.000	Ų	.00	Ą	
MEDICINE/INJECTIONS	0	0									.00
SURGERY/ANES.	0	•		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00	_	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ş	.00	Ş	.00		\$.00	Ş	.00
NURSE ANESTHESIST	1	3	Ş	51.90	\$	17.30		\$	51.90	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	78	292	\$	8,520.16	\$	29.18	.354	\$	109.23	\$	10.33
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ő		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	78	292		8,520.16		29.18	.354		109.23		10.33
MEDICAL	9	16		630.78		39.42	.019		70.09		.76
	6	7		500.54		71.51	.008		83.42		.61
SURGERY											
PATHOLOGY	39	106		1,268.25		11.96	.128		32.52		1.54
RADIOLOGY	31	50		1,789.60		35.79	.061		57.73		2.17
ROOM USE	39	58		2,508.50		43.25	.070		64.32		3.04
CROSSOVERS/ALL OTH OUTPTNT	30	55		1,822.49	4.	33.14	.067	4.	60.75		2.21
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		ES MO	ONTH-OF-PAYMENT RE	ZDOR'	_		EC 2		D7	AGE 1,895
MOP024	FEE-FOR-SERVICE		CLO I'I	OIVIII OI IIIIIIIIVI KI	JI OIC	1 1010 07110 2	1005 IIIICO D	лс <u>г</u>	005	- 1	01/29/04
COLUSA COUNTY			י מאפו	ES IN PA-FAMILIES		AID CODE	3.0				01/25/04
CODOSA COUNTI	SUMMAKI OF SERV	ICES FOR EDWARD.	CASI	ES IN FA-PAMILIES		AID CODE	MC	титит	V 717557	CF.	
825 ELIGIBLES	USERS	UNITS OF SERVICE	,	EADENDIATIBES	7/17						
072 FTIGIBLE2	USERS			EXPENDITURES		ERAGE COST					COST PER
ACOMMINITAL HOCKER'S BORRE	70	OR DAYS OF CARE		0 500 16		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	78	292	\$	8,520.16	\$	29.18	.354	Þ	109.23	Ş	10.33
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0		0		.00		.00		.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00		.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00		.000		.00		.00
ANCILLARIES	0		0 0		.00		.00		.000		.00		.00
INPATIENT CROSSOVERS	0				.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	78		292		8,520.16		29.18		.354		109.23		10.33
MEDICAL	9		16		630.78		39.42		.019		70.09		.76
SURGERY	6		7		500.54		71.51		.008		83.42		.61
PATHOLOGY	39		106		1,268.25		11.96		.128		32.52		1.54
RADIOLOGY	31		50		1,789.60		35.79		.061		57.73		2.17
ROOM USE	39		58		2,508.50		43.25		.070		64.32		3.04
CROSSOVERS/ALL OTH OUTPTNT			55		1,822.49		33.14		.067		60.75		2.21
@STATE HOSPITAL	0		0	\$.00	\$.00		.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00		.000		.00		.00
DEVELOP. DISABLED	0		0		.00	_	.00		.000		.00	_	.00
@NURSING FACILITY	0		0	\$.00	\$.00		.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00		.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00		.000		.00		.00
LEV B-REGULAR	0		0	À	.00	à	.00		.000	4	.00	4	.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00		.000	\$.00	\$.00
ICF DDH	0		0		.00		.00		.000		.00		.00
ICF DD	0		0		.00		.00		.000		.00		.00
ICF DDN/DDCN	0		0 0	4	.00	d	.00		.000	ė.	.00	4	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00 .00		.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	0		0	\$.00	\$.00		.000	\$.00	\$	
@REHABILITATION FACILITY	0		0	Ş	.00	Þ	.00		.000	Ş	.00	Þ	.00
HOSPITAL BASED	0		0		.00		.00		.000		.00		.00
INDEPENDENT FACILITY	25		70	\$	1,154.08	\$	16.49		.085	بع	46.16	\$	1.40
@LABORATORY FACILITY PATHOLOGY	25		70	Ą	1,154.08	Ą	16.49		.085	Ą	46.16	Ą	1.40
XO AND OTHERS	0		0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	129		162	\$	13,829.42	\$	85.37		.196	\$	107.20	Ś	16.76
CLINIC CLINIC	0		0	Ą	.00	Ą	.00		.000	Ą	.00	Ą	.00
SURGICENTER	0		0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	129		162		13,829.42		85.37		.196		107.20		16.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXI		ES MON'	TH-OF-DAVMENT RE	.DOB.L		2003	THRII	DEC		D	AGE 1,896
MOP024	FEE-FOR-SERVICE/		LINDIIOIC	11011		11 01(1	1010 0111	2005	111110	DLC	2003	-	01/29/04
COLUSA COUNTY	SUMMARY OF SERVI		EDWARDS	CASES	IN PA-FAMILIES		AID CODE	: 38					01/25/01
0020011 0001111	SOLUTION OF SERVE	020 1011		011020	111 111 111111111		1122 0022		N	(ONT	HLY AVERA	GE	
825 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST						COST PER
	0.2-1.0		OF CARE				UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	36		179	\$	2,060.01	\$	11.51		.217		57.22		2.50
DURABLE MED. EQUIP.	0		0		.00	•	.00		.000		.00	•	.00
BLOOD BANK	0		0		.00		.00		.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00		.000		.00		.00
MEDICAL TRANSPORTATION	8		90		1,003.55		11.15		.109		125.44		1.22
AMBULANCES/AIR TRANS	8		90		1,003.55		11.15		.109		125.44		1.22
OTHER TRANS	0		0		.00		.00		.000		.00		.00
OTHER SERVICES	0		0		.00		.00		.000		.00		.00
ACUPUNCTURE	0		0		.00		.00		.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00		.000		.00		.00
GENETIC DISEASE TESTING	1		1		105.00		105.00		.001		105.00		.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00		.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00		.000		.00		.00

OPTICIAN	2	4	40.76	10.19	.005	20.38	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	25	84	910.70	10.84	.102	36.43	1.10
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	121	\$ 246.96	\$ 2.04	.147	\$ 246.96	\$.30

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,897 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

COLOSA COUNTI	SUMMARI OF SERVI	LES FOR SSI APPEAL/N	LDC IN PA-DISABLE	IN SECTION OF DE	MONT	ינודע אזוים אר	יהי
20 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
ZU ELIGIBLES	USERS	OR DAYS OF CARE	EAPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
OTOTAL ALL DROWINGED	7	15 \$	736.61		.750 \$		\$ 36.83
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	1	2 \$	65.79	\$ 49.11 \$ 32.90	.100 \$		\$ 30.03
OUTPATIENT VISITS	1	2 Ş 1	37.50	37.50	.050	37.50	1.88
OFFICE VISITS	1	1 1	37.50	37.50	.050	37.50	1.88
HOME VISITS	1	1		.00		.00	
EMERGENCY ROOM	0	0	.00		.000		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OB VISIIS/COMPRE PERI OTHER OUTPATIENT	0	0					
	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	U	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	28.29	28.29	.050	28.29	1.41
PRINCIPAL SURGEON	1	1	28.29	28.29	.050	28.29	1.41
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	6	11 \$	499.06	\$ 45.37	.550 \$	83.18	\$ 24.95
PRESCRIPTION DRUGS	4	8	290.47	36.31	.400	72.62	14.52
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4	8	290.47	36.31	.400	72.62	14.52

MEDICAL SUPPLIES	2	3		208.59		69.53	.150		104.30		10.43	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00		.00	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR:	ES MONTH-O	F-PAYMENT REI	PORT F	OR JAN 2	2003 THRU	DEC	2003	PAG	GE 1,898	
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04	
COLUSA COUNTY	SUMMARY OF SERVICES FOR	SSI APP	EAL/NLDC II	N PA-DISABLEI	D AID	CODES 6N	1 6P					

COLUSA COUNTY	SUMMARY OF SERVICES F	TOR SSI APP	ĽAL/NL	DC IN PA-DISABLE	ED AI	D CODES 61		\\TIT	TIT 37 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	aп	
20 ELIGIDIEG	HOEDO INITEO	OF CEDITOR		EXPENDIBLE	7. 7. 7. 17.		MC			GĽ	COCH DED
20 ELIGIBLES		OF SERVICE		EXPENDITURES		UNIT/DAY	UNITS/DAYS	>	COST PER USER		COST PER ELIGIBLE
@ODEOMEED I CE	0 OR L	DAYS OF CARE	4	.00		.00	.000	4		\$	-
@OPTOMETRIST	0	0 0	\$		\$			Þ	.00	Þ	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	d	.00	4	.00	.000	4	.00	4	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	d	.00	4	.00	.000	4	.00	4	.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0	_	.00		.00	.000	_	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	Ş	.00	Ş	.00	.000	Ş	.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 1,899

MOP024 COLUSA COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

COLODII COUNTI	Bornauci of Blicv	Tebb for Bbi fill	1111 /	NEDC IN 111 DIGINDEE	ייי ענ	D CODED OF	M	ОИТ	HIY AVERA	GE	
20 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔVF	ERAGE COST			COST PER	СП	COST PER
20 111015110	OBERB	OR DAYS OF CARE		DZI DIIDI I ORED		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DAIS OF CARE	\$.00	\$.00	.000		.00		.00
	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	
COMM HOSP INPATIENT TOTAL	0										.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ü		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	Ô	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	\$.00	\$	
@STATE HOSPITAL	0	0	Ą		Ą			Ą		Ą	.00
MENTALLY ILL	U	U		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т	.00	-	.00	.000	т.	.00	4	.00
INDEPENDENT FACILITY	Ô	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	٧	.00	٧	.00	.000	٧	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	0	\$	171.76	\$	85.88	.100	\$	171.76	\$	8.59
	<u> </u>	0	Ą	.00	Ą		.000	Ą	.00	Ą	
CLINIC	0	0				.00					.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	2		171.76		85.88	.100		171.76	_	8.59
#CALIF DEPT OF HEALTH SERV			ES M	IONTH-OF-PAYMENT RE	SPORT	FOR JAN 2	2003 THRU	DEC	2003	F	AGE 1,900
MOP024	FEE-FOR-SERVICE										01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR SSI APP	EAL/	NLDC IN PA-DISABLE	ED AI	D CODES 61					
							M	ONT	HLY AVERA	GE.	
20 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	R UNIT/DAY	PER ELIG	+	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEDARATE T	NEORMATION ITEM (ONT.V:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,901 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

SUMMARI OF SERV	CICES FOR CRAIG CASES	- AGED IN PA-AGED	AID CODE	r TE		
				MON'	THLY AVERAG	E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
78	1,737 \$	119,034.50	\$ 68.53	33.404 \$	1526.08	\$ 2289.13
5	12 \$	44.78	\$ 3.73	.231 \$	8.96	\$.86
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE 78 1,737 \$	OR DAYS OF CARE 78 1,737 \$ 119,034.50 5 12 \$ 44.78 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 78 1,737 \$ 119,034.50 \$ 68.53 5 12 \$ 44.78 \$ 3.73 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 78 1,737 \$ 119,034.50 \$ 68.53 33.404 \$ 5 12 \$ 44.78 \$ 3.73 .231 \$ 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	USERS

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	12		44.78	3.73	.231		8.96		.86
@PHARMACY	66	265	\$	14,581.77	\$ 55.03	5.096	\$ 23	20.94	\$	280.42
PRESCRIPTION DRUGS	66	257		14,325.93	55.74	4.942	2	17.06		275.50
SNF/ICF	25	109		5,104.91	46.83	2.096	2	04.20		98.17
OUTPATIENTS	43	148		9,221.02	62.30	2.846	2:	14.44		177.33
MEDICAL SUPPLIES	3	8		255.84	31.98	.154	:	85.28		4.92
@DENTIST	6	12	\$	406.00	\$ 33.83	.231	\$	67.67	\$	7.81
VISITS - DIAGNOSTIC	4	4		105.00	26.25	.077		26.25		2.02
ORAL SURGERY	4	6		211.00	35.17	.115	!	52.75		4.06
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	2	2		90.00	45.00	.038		45.00		1.73
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	JRES MO	NTH-OF-PAYMENT RE	PORT FOR JA	AN 2003 THRU	DEC 20	03	PI	AGE 1,902
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED	AID (CODE 1E				
						1	MONTHLY	AVERA(GE -	

						M	TMC	HLY AVERA	GE	
52 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	21	\$ 997.99	\$	47.52	.404	\$	142.57	\$	19.19
HOSP INPATIENT TOTAL	1	4	840.00		210.00	.077		840.00		16.15
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	4	840.00		210.00	.077		840.00		16.15
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	6	17	157.99	9.29	.327	26.33	3.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	17	157.99	9.29	.327	26.33	3.04
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2003 THRU DEC	2 2003	PAGE 1,903
MOP024	FEE-FOR-SERVICE/DENTAL	i					01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FO	R CRAIG CASES	- AGED IN PA-AGED	AID CODE			
					MONT		
52 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	21 \$	997.99	\$ 47.52	.404 \$		•
COMM HOSP INPATIENT TOTAL	1	4	840.00	210.00	.077	840.00	16.15
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON HER HOCDIENTS TO TOTAL	0	^	0.0	0.0	$\cap \cap \cap$	0.0	0.0

52 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES		ST UNITS/DAY		COST PER
		OR DAYS OF CAR		PER UNIT/D			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	21	\$ 997.99	\$ 47.52			
COMM HOSP INPATIENT TOTAL	1	4	840.00	210.00		840.00	16.15
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00
ACCOMMODATIONS	0	0	.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	4	840.00	210.00	.077	840.00	16.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	17	157.99	9.29	.327	26.33	3.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	6	17	157.99	9.29	.327	26.33	3.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	31	862	\$ 101,672.18	\$ 117.95	16.577	\$ 3279.75	\$ 1955.23
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	31	862	101,672.18	117.95	16.577	3279.75	1955.23
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$ 239.34	\$ 47.87	.096	\$ 59.84	\$ 4.60
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 4 5 239.34 47.87 .096 59.84 4.60 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,904 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MON	THLY AVERAC	GE
52 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	560 \$	1,092.44	\$ 1.95	10.769 \$	91.04	\$ 21.01
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	12	150.02	12.50	.231	150.02	2.89
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	12	150.02	12.50	.231	150.02	2.89
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	5	79.19	15.84	.096	39.60	1.52
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.019	.89	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	542	862.34	1.59	10.423	107.79	16.58
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	19	584 \$	2,056.02	\$ 3.52	11.231 \$	108.21	\$ 39.54
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	'E INFORMATION ITEM ON	LY;				
THE AMOUNTED ADD ALDEADY TAK	OTTIDED IN HITE ADDE	ODDIAND DOMATE TIME	A DOLLE				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,905 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

					MON	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00		\$.00	\$.00
PRESCRIPTION DRUGS	Û	0	τ	.00	.00	.000	.00	т	.00
SNF/ICF	Û	Ô		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	Û	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0	τ	.00	.00	.000	.00	т	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MO	NTH-OF-PAYMENT REI			DEC 2003	PAGE	1,906
MOP024	FEE-FOR-SERVICE/DENTAL								L/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND IN PA-BLINI	D AID COI	DE 2E		_	
							ONTHLY AVERAG	GE	
OO ELICIPIEC	TICEDO INTECO	z CEDIII	T.	EXDENDIBLEC	ATTED ACE COC				משמ יי

						1-1-	OIVI	11111 11111111	ш	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0			.000		
HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ö	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00		.00	
ROOM USE	0	· ·			.000		.00
CROSSOVERS/ALL OTH OUTPTNT	-	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MC	NIH-OF-PAYMENI RE	EPORT FOR JAN	ZUUS IHRU DEC	2003	PAGE 1,907
MOP024	FEE-FOR-SERVICE		DI TAID TAI DA DI TA	TD 3.TD 00D	п оп		01/29/04
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASES-	BLIND IN BY-BLIN	ND AID COD			7.0
00 81 10181 80	HORDO	INITES OF SERVICE		ATTERNACE COCE	MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
0.0000000000000000000000000000000000000	2	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAI	0	0	0.0	0.0	000	0.0	0.0

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MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPINT

ROOM USE

MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MO	NTH-OF-I	PAYMENT REP	ORT	FOR JAN 2003	THRU	DEC	2003	PAGE	
MOP024	FEE-FOR-SERVICE/DENTAL										0	1/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	BLIND I	IN PA-BLIND)	AID CODE 2E					
								N	IONTE	LY AVERA	GE	

					MON	THLY AVERAGE	:
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE (GIVEN AS A SEPAR	ATE INFORMATION	ITEM	ONLY;						
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE AP	PROPRIATE DETAI	L LINE	S ABOVE.						
** THESE DATA ARE INCLUDED IN	N THE APPROPRIAT	E DETAIL LINES	ABOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES M	IONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU D	EC 2003	I	PAGE 1,909
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES	S- DISABLED IN PA	-DISAE	BLED AID C	ODE 6E			
							MO	NTHLY AVER	AGE	
90 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PER	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	105	1,897	\$	29,557.13		15.58	21.078	~		328.41
@PHYSICIANS SERVICES	12	18	\$	789.43	\$	43.86	.200	\$ 65.79	\$	8.77
OUTPATIENT VISITS	3	4		106.30		26.58	.044	35.43		1.18
OFFICE VISITS	3	4		106.30		26.58	.044	35.43		1.18

HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	0	0		.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	1	2		381.80	190.90	.022		381.80		4.24
PRINCIPAL SURGEON	1	2		381.80	190.90	.022		381.80		4.24
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	1	1		3.74	3.74	.011		3.74		.04
RADIOLOGY	1	1		25.98	25.98	.011		25.98		.29
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	7	10		271.61	27.16	.111		38.80		3.02
@PHARMACY	81	285	\$	22,766.91	\$ 79.88	3.167	Ś	281.07	\$	252.97
PRESCRIPTION DRUGS	81	283	٧	22,747.43	80.38	3.144	Y	280.83	٧	252.75
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	81	283		22,747.43	80.38	3.144		280.83		252.75
MEDICAL SUPPLIES	2	2		19.48	9.74	.022		9.74		.22
@DENTIST	2	5	\$	280.00	\$ 56.00	.056	\$	140.00	\$	3.11
VISITS - DIAGNOSTIC	1	2	Y	70.00	35.00	.022	Ÿ	70.00	Ÿ	.78
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0				.000				
FRACTURES, DISLOCATIONS	0	0		.00 210.00	.00 70.00			.00 210.00		.00
ORTHODONTIC SERVICES	0	0				.033				2.33
ALL OTHER SERVICES			מספט אייט	.00	.00	.000	חהמ	.00	ח א מ	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	PVERNDTIC	NKES MC	NIH-OF-PAIMENT REF	PORT FOR JAN	∠UU3 IHRU	DEC	∠ ∪∪3		E 1,910
MOP024 COLUSA COUNTY	FEE-FOR-SERVICE/DENTAL	ם מפאדמ	CVCEC	מ עם זער חשופות היי	י עד ג עם ומגטו	CODE EE				01/29/04
COLUBA COUNTI	SUMMARY OF SERVICES FOR	CRAIG	CASES-	- DISABLED IN PA-DI	POWDUED WID		MONTH.	יי מינונא אנודיא	C E	
							MON I'.	HLY AVERA	.GE	

----- MONTHLY AVERAGE -----90 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE ELIGIBLE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 8 184.06 23.01 .089 \$ 36.81 \$ 2.05 2 94.90 47.45 47.45 1.05 DIAGNOSTIC AND ANC. PROCED .022 3 6 89.16 14.86 .067 29.72 .99 EYE APPLIANCES .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 0 \$.00 \$.00 .000 \$.00 \$.00 VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 \$.00 .00 .000 \$.00 \$.00 @PODIATRIST \$

MEDICINE/INJECTIONS
RADIO./PATHOLOGY
OTHER
HEALTH AGENCY 0 0 \$.00 \$.
HEALTH AGENCY 0 0 \$.00 \$.
NURSE AND STRESTHESIST 1 4 \$ 8 82.87 \$ 20.72 .044 \$ 82.87 \$.92 NURSE BRIDDIFE 0 0 \$ 0.0 \$.00 \$
NURSE MIDMIFF PEDIATRIC NURSE PRACTITIONER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
PEDIATRIC NURSE PRACTITIONER
ETOTAL HOSPITAL 9
STORY CONTRICT 9
HOSP INPATIENT TOTAL
HSC HOSPITALS 0 0 0 0 00 00 00 00 00 00 00 00 00 NON-HSC HOSPITAL TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
NON-HSC HOSPITAL TOTAL
ACCOMMODATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0
TRANSITIONAL IP CARE ALL OTHER ACCOM O O O O O O O O O O O O O O O O O O
ALL OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O O O O O O O
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
INPATIENT CROSSOVERS
ALL OTHER INPATIENT 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00
HOSP OUTPATIENT TOTAL
MEDICAL 2 5 275.60 55.12 .056 137.80 3.06 SURGERY 1 1 22.00 22.00 .011 22.00 .24 PATHOLOGY 2 7 80.17 11.45 .078 40.09 .89 RADIOLOGY 1 1 25.06 25.06 .011 25.06 .28 ROOM USE 1 2 174.45 87.23 .022 174.45 1.94 CROSSOVERS/ALL OTH OUTPTNT 9 62 623.83 10.06 .689 69.31 6.93 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 .00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 .00 .
MEDICAL 2 5 275.60 55.12 .056 137.80 3.06 SURGERY 1 1 1 22.00 22.00 .011 22.00 .24 PATHOLOGY 2 7 80.17 11.45 .078 40.09 .89 RADIOLOGY 1 1 25.06 25.06 .011 25.06 .28 ROOM USE 1 2 174.45 87.23 .022 174.45 1.94 CROSSOVERS/ALL OTH OUTPTNT 9 62 623.83 10.06 .689 69.31 6.93 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 .00 .00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 \$.00 </td
SURGERY 1 1 22.00 22.00 .011 22.00 .24 PATHOLOGY 2 7 80.17 11.45 .078 40.09 .89 RADIOLOGY 1 1 25.06 25.06 .011 25.06 .28 ROOM USE 1 2 174.45 87.23 .022 174.45 1.94 CROSSOVERS/ALL OTH OUTPINT 9 62 623.83 10.06 .689 69.31 6.93 @COUNTY HOSPITAL TOTAL 0 0 \$.00 .00 .00 .00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 \$.00
PATHOLOGY 2 7 80.17 11.45 .078 40.09 .89 RADIOLOGY 1 1 25.06 25.06 .011 25.06 .28 ROOM USE 1 2 174.45 87.23 .022 174.45 1.94 CROSSOVERS/ALL OTH OUTPTNT 9 62 62 623.83 10.06 689 69.31 6.93 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 0 \$.00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 MEDICAL
RADIOLOGY
ROOM USE
CROSSOVERS/ALL OTH OUTPTNT 9 62 623.83 10.06 689 69.31 6.93 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 </td
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00
HSC HOSPITALS 0 0 .00
NON-HSC HOSPITALS TOTAL 0 0 .00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 MEDICAL 0 0 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 MEDICAL 0 0 .00 .00 .00 .00 .00 .00
MEDICAL 0 0 .00 .00 .00 .00 .00
00. 000. 00. 00. 00. 0 unabada
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00
ROOM USE 0 0 .00 .00 .00 .00 .00 .00
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,911
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
COLUSA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES - DISABLED IN PA-DISABLED AID CODE 6E
MONTHLY AVERAGE
90 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 78 2,041.11 .867 \$ 226.79 \$ 26.17 22.68 COMM HOSP INPATIENT TOTAL 0 840.00 .00 .000 840.00 9.33 0 .00 HSC HOSPITALS 0 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 ALL OTHER ACCOM 0 .000 .00 0 0 .00 .00 .000 .00 .00 ANCILLARIES

INPATIENT CROSSOVERS	1	0		840.00	1	.00	.000		840.00		9.33
ALL OTHER INPATIENT	0	0		.00.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	78		1,201.11		15.40	.867		133.46		13.35
MEDICAL	2	70		275.60		55.12	.056		137.80		3.06
SURGERY	1	1		22.00		22.00	.011		22.00		.24
PATHOLOGY	2	7		80.17		11.45	.078		40.09		.89
	<i>∠</i> 1	1		25.06		25.06	.078		25.06		
RADIOLOGY	<u> </u>	2									.28
ROOM USE	1	62		174.45		87.23	.022		174.45		1.94
CROSSOVERS/ALL OTH OUTPTNT	9	0	4	623.83		10.06	.689	4	69.31	4	6.93
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0				.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	4	.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	4	7	\$	188.43	3 \$	26.92	.078	\$	47.11	\$	2.09
PATHOLOGY	4	7		188.43	3	26.92	.078		47.11		2.09
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	18	\$	925.02	2 \$	51.39	.200	\$	61.67	\$	10.28
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	15	18		925.02	2	51.39	.200		61.67		10.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	RES MO	NTH-OF-PAYMENT	REPORT	FOR JAN 200		DEC		PA	GE 1,912
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R CRAIG	CASES-	DISABLED IN PA	A-DISA	BLED AID CODE	6E				
		_	_			_		ייידא ר	ע כובונגע אי דו	CE.	

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					MON	THLY AVERA	GE
90 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	23	1,474 \$	2,299.30	\$ 1.56	16.378 \$	99.97	\$ 25.55
DURABLE MED. EQUIP.	1	2	580.59	290.30	.022	580.59	6.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	42.72	10.68	.044	21.36	. 47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	221.49	73.83	.033	110.75	2.46
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	16	150.45	9.40	.178	150.45	1.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	1,449	1,304.05	.90	16.100	72.45	14.49
@CALIF. CHILDREN SERVICES*	7	1,084	\$ 680.12	\$.63	12.044	\$ 97.16	\$ 7.56
@XOVER EXCLUDING STATE HOSP**	22	108	\$ 2,448.91	\$ 22.68	1.200	\$ 111.31	\$ 27.21

 $^{@^{\}star}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 1,913

01/29/04

COLUSA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

COLUSA COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES-	- TOTAL IN PA-TOTA	AL	1403		. CT	
140 FLIGTRIFG	Hanna	INTEG OF GERMAN	-		317DD3GD GOGE	MON		_	OCE DED
142 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	_	OST PER
	102	OR DAYS OF CAR		140 501 62	PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	183	3,634	\$	148,591.63	\$ 40.89	25.592 \$			1046.42
@PHYSICIANS SERVICES	17	30	\$	834.21	\$ 27.81	.211 \$		\$	5.87
OUTPATIENT VISITS	3	4		106.30	26.58	.028	35.43		.75
OFFICE VISITS	3	4		106.30	26.58	.028	35.43		.75
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	1	2		381.80	190.90	.014	381.80		2.69
PRINCIPAL SURGEON	1	2		381.80	190.90	.014	381.80		2.69
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		3.74	3.74	.007	3.74		.03
RADIOLOGY	1	1		25.98	25.98	.007	25.98		.18
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	12	22		316.39	14.38	.155	26.37		2.23
@PHARMACY	147	550	\$	37,348.68	\$ 67.91	3.873 \$		Ś	263.02
PRESCRIPTION DRUGS	147	540	т.	37,073.36	68.65	3.803	252.20	-	261.08
SNF/ICF	25	109		5,104.91	46.83	.768	204.20		35.95
OUTPATIENTS	124	431		31,968.45	74.17	3.035	257.81		225.13
MEDICAL SUPPLIES	5	10		275.32	27.53	.070	55.06		1.94
@DENTIST	8	17	\$	686.00	\$ 40.35	.120 \$		\$	4.83
VISITS - DIAGNOSTIC	5	6	~	175.00	29.17	.042	35.00	~	1.23
ORAL SURGERY	4	6		211.00	35.17	.042	52.75		1.49
Oldin Dollonki	-	0		211.00	33.17	.012	52.75		1.17

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----- MONTHLY AVERAGE -----

142 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURE		AGE COST U	JNITS/DAYS PER ELIG	S COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	8 \$	184.0	6 \$	23.01	.056	\$ 36.81	\$ 1.30
DIAGNOSTIC AND ANC. PROCED	2	2	94.9		47.45	.014	47.45	.67
EYE APPLIANCES	3	6	89.1		14.86	.042	29.72	.63
OTHER OPTOMETRIC SERVICES	0	0	.0		.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.0		.00	.000		\$.00
	0	0 Ş	.0		.00	.000	.00	•
VISITS	0	0						.00
OTHER SERVICES	0	0	.0		.00	.000	.00	.00
@PODIATRIST	0	0 \$.0		.00	.000		\$.00
MEDICINE/INJECTIONS	Ü	0	.0		.00	.000	.00	.00
SURGERY/ANES.	0	0	.0		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.0		.00	.000	.00	.00
OTHER	0	0	.0		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.0		.00		\$.00	\$.00
NURSE ANESTHESIST	1	4 \$	82.8	7 \$	20.72	.028	\$ 82.87	\$.58
NURSE MIDWIFE	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	99 \$	3,039.1	•	30.70		\$ 189.94	\$ 21.40
HOSP INPATIENT TOTAL	2	4	1,680.0	•	120.00	.028	840.00	11.83
HSC HOSPITALS	0	0	.0		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.0		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.0		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.0		.00	.000	.00	.00
	0	0	.0		.00	.000		.00
ANCILLARIES	0	0					.00	
INPATIENT CROSSOVERS	0	4	1,680.0		120.00	.028	840.00	11.83
ALL OTHER INPATIENT	-	0	.0		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	95	1,359.1		14.31	.669	90.61	9.57
MEDICAL	2	5	275.6		55.12	.035	137.80	1.94
SURGERY	1	1	22.0		22.00	.007	22.00	.15
PATHOLOGY	2	7	80.1		11.45	.049	40.09	.56
RADIOLOGY	1	1	25.0		25.06	.007	25.06	.18
ROOM USE	1	2	174.4		87.23	.014	174.45	1.23
CROSSOVERS/ALL OTH OUTPTNT	15	79	781.8	2	9.90	.556	52.12	5.51
@COUNTY HOSPITAL TOTAL	0	0 \$.0		.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.0		.00	.000	.00	.00
HSC HOSPITALS	0	0	.0	0	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.0	0	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.0	0	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.0	0	.00	.000	.00	.00
ANCILLARIES	0	0	.0	0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.0		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.0		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.0		.00	.000	.00	.00
MEDICAL	0	0	.0		.00	.000	.00	.00
SURGERY	0	0	.0		.00	.000	.00	.00
PATHOLOGY	0	0	.0		.00	.000	.00	.00
RADIOLOGY	0	0	.0		.00	.000	.00	.00
ROOM USE	0	0	.0					
	0	0			.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		· ·	0.		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMEN'I	KELOKI. F	OK JAN 20	JUS THRU L	JEC 2003	PAGE 1,915
MOP024	FEE-FOR-SERVICE		G EGENT TN 53 E	IOM A T				01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASE	S- TOTAL IN PA-T	OTAL			```````````	C.D.
					-	MC	ONTHLY AVERA	GE

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			סיות	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	99	\$	3,039.10	\$	30.70	.697		189.94		21.40
COMM HOSP INPATIENT TOTAL	2	4	Y	1,680.00	Y	420.00	.028	Y	840.00	٧	11.83
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	4		1,680.00		420.00	.028		840.00		11.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	15	95		1,359.10		14.31	.669		90.61		9.57
MEDICAL	2	5		275.60		55.12	.035		137.80		1.94
SURGERY	$\overline{1}$	1		22.00		22.00	.007		22.00		.15
PATHOLOGY	2	7		80.17		11.45	.049		40.09		.56
RADIOLOGY	1	1		25.06		25.06	.007		25.06		.18
ROOM USE	1	2		174.45		87.23	.014		174.45		1.23
CROSSOVERS/ALL OTH OUTPTNT	15	79		781.82		9.90	.556		52.12		5.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	-	.00	-	.00	.000	т.	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	31	862	\$	101,672.18	\$	117.95	6.070	\$	3279.75	\$	716.00
LEV A-INTERMEDIATE	0	0	•	.00	·	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	31	862		101,672.18		117.95	6.070		3279.75		716.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	7	\$	188.43	\$	26.92	.049	\$	47.11	\$	1.33
PATHOLOGY	4	7		188.43		26.92	.049		47.11		1.33
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	23	\$	1,164.36	\$	50.62	.162	\$	61.28	\$	8.20
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	23		1,164.36	-DODE	50.62	.162	חחמ	61.28	_	8.20
#CALIF DEPT OF HEALTH SERV			ES M	MONTH-OF-PAYMENT RE	FPORT	FOR JAN	2003 THRU	DEC	2003	Ρ	AGE 1,916
MOP024	FEE-FOR-SERVICE		17 000		A T						01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES.	S- TOTAL IN PA-TOTA	НL		M	ייינא	מודע אזזיביםא	CF	
142 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	777	PACE COST		-		_	COST PER
142 EDIGIBLES	CALICO	OR DAYS OF CARE		EXFENDITORES		UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	35		\$	3,391.74	\$		14.324				
DURABLE MED. EQUIP.	1	2,031	~	580.59	~	290.30	.014	~	580.59	~	4.09
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	12		150.02		12.50	.085		150.02		1.06
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	Ö	0		.00		.00	.000		.00		.00
	-	-									

OTHER CERVICES	1	12	150.02	12.50	.085	150.02	1.06
OTHER SERVICES	1	12					
ACUPUNCTURE	U	U	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	O	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	9	121.91	13.55	.063	30.48	.86
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.89	.89	.007	.89	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	221.49	73.83	.021	110.75	1.56
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	16	150.45	9.40	.113	150.45	1.06
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	1,991	2,166.39	1.09	14.021	83.32	15.26
@CALIF. CHILDREN SERVICES*	7	1,084	\$ 680.12	\$.63	7.634	\$ 97.16	\$ 4.79
@XOVER EXCLUDING STATE HOSP**	41	692	\$ 4,504.93	\$ 6.51	4.873	\$ 109.88	\$ 31.72

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 1,917 01/29/04

						MO	NTHLY AVERA	GE
52,096 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
·		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	27,309	367,874	\$	12,269,320.21	\$ 33.35	7.061	\$ 449.28	\$ 235.51
@PHYSICIANS SERVICES	7,009	20,354	\$	912,725.22	\$ 44.84	.391	\$ 130.22	\$ 17.52
OUTPATIENT VISITS	4,082	5,739		216,201.61	37.67	.110	52.96	4.15
OFFICE VISITS	3,138	4,281		129,122.20	30.16	.082	41.15	2.48
HOME VISITS	14	17		680.90	40.05	.000	48.64	.01
EMERGENCY ROOM	655	851		44,774.53	52.61	.016	68.36	.86
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	300	425		36,669.33	86.28	.008	122.23	.70
OTHER OUTPATIENT	145	165		4,954.65	30.03	.003	34.17	.10
INPATIENT VISITS	455	2,150		128,092.98	59.58	.041	281.52	2.46
HOSPITAL VISITS	444	1,757		74,747.48	42.54	.034	168.35	1.43
CRITICAL CARE	45	387		53,191.10	137.44	.007	1182.02	1.02
SNF/ICF/TRANS IP CARE	3	6		154.40	25.73	.000	51.47	.00
OPHTHALMOLOGICAL SERVICES	124	149		6,945.43	46.61	.003	56.01	.13
EXAMINATIONS	124	149		6,945.43	46.61	.003	56.01	.13
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	374	1,284		266,161.20	207.29	.025	711.66	5.11
PRINCIPAL SURGEON	286	343		236,260.76	688.81	.007	826.09	4.54
ASSISTANT SURGEON	57	57		9,840.58	172.64	.001	172.64	.19
ANESTHESIOLOGIST	88	884		20,059.86	22.69	.017	227.95	.39
OUTPATIENT SURGERY	631	1,605		101,024.20	62.94	.031	160.10	1.94
PRINCIPAL SURGEON	511	763		78,997.33	103.54	.015	154.59	1.52
ASSISTANT SURGEON	12	12		1,547.14	128.93	.000	128.93	.03
ANESTHESIOLOGIST	137	830		20,479.73	24.67	.016	149.49	.39
DIALYSIS	37	266		9,259.97	34.81	.005	250.27	.18
PATHOLOGY	875	1,569		11,887.36	7.58	.030	13.59	.23
RADIOLOGY	689	1,435		60,846.99	42.40	.028	88.31	1.17
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	108	810	17,309.96	21.37	.016	160.28	.33
OTHER SERVICES/ALL X-OVERS	1,853	5,347	94,995.52	17.77	.103	51.27	1.82
@PHARMACY	16,447	108,327 \$		\$ 33.36	2.079 \$		
PRESCRIPTION DRUGS	16,249	49,726	3,518,459.35	70.76	.955	216.53	67.54
SNF/ICF	589	4,019	219,610.52	54.64	.077	372.85	4.22
OUTPATIENTS	15,674	45,707	3,298,848.83	72.17	.877	210.47	63.32
MEDICAL SUPPLIES	966	58,601	95,092.78	1.62	1.125	98.44	1.83
@DENTIST	1,337	6,401 \$	243,112.75	\$ 37.98	.123 \$		\$ 4.67
VISITS - DIAGNOSTIC	838	3,806	51,811.50	13.61	.073	61.83	.99
ORAL SURGERY	186	452	24,892.00	55.07	.009	133.83	.48
DRUGS	33	33	700.00	21.21	.001	21.21	.01
ANESTHESIA	15	16	1,600.00	100.00	.000	106.67	.03
PERIODONTICS	50	55	8,257.00	150.13	.001	165.14	.16
ENDODONTICS	96	210	23,189.00	110.42	.004	241.55	.45
RESTORATIVE DENTISTRY	476	1,467	90,321.25	61.57	.028	189.75	1.73
PROSTHETICS	3	3	90.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	65	150	23,901.00	159.34	.003	367.71	.46
SPACE MAINTAINERS	9	11	1,160.00	105.45	.000	128.89	.02
MAXILLOFACIAL SERVICES	9	9	436.00	48.44	.000	48.44	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	128	169	16,305.00			127.38	.31
ALL OTHER SERVICES	24	20	450.00	22.50		18.75	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DEG	2003	PAGE 1,918
MOP024	FEE-FOR-SERVICE						01/29/04
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR TOTAL CER	TIFIED				
					MON'		
52,096 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	435	1,124 \$	- ,	\$ 22.32	.022 \$		
DIAGNOSTIC AND ANC. PROCED	229	231		45.66	.004		.20
EYE APPLIANCES	306	849	,	15.85			.26
OTHER OPTOMETRIC SERVICES	32	44	_,	24.80			.02
@CHIROPRACTOR	21	35 \$		\$ 14.98			
VISITS	14	23	372.02	16.17	.000	26.57	.01

52,096 ELIGIBLES	USERS	UNITS OF SERVIC	EXPENDITURES	COST			COST PER
		OR DAYS OF CAR		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	435	1,124	\$ 25,092.27	\$ 22.32	.022	\$ 57.68	\$.48
DIAGNOSTIC AND ANC. PROCED	229	231	10,548.49	45.66	.004	46.06	.20
EYE APPLIANCES	306	849	13,452.55	15.85	.016	43.96	.26
OTHER OPTOMETRIC SERVICES	32	44	1,091.23	24.80	.001	34.10	.02
@CHIROPRACTOR	21	35	\$ 524.38	\$ 14.98	.001	\$ 24.97	\$.01
VISITS	14	23	372.02	16.17	.000	26.57	.01
OTHER SERVICES	7	12	152.36	12.70	.000	21.77	.00
@PODIATRIST	189	283	\$ 2,714.85	\$ 9.59	.005	\$ 14.36	\$.05
MEDICINE/INJECTIONS	11	14	390.35	27.88	.000	35.49	.01
SURGERY/ANES.	7	8	213.29	26.66	.000	30.47	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	172	259	2,076.61	8.02	.005	12.07	.04
@HOME HEALTH AGENCY	254	2,262	\$ 84,588.92	\$ 37.40	.043	\$ 333.03	\$ 1.62
NURSE ANESTHESIST	129	678	\$ 12,637.96	\$ 18.64	.013	\$ 97.97	\$.24
NURSE MIDWIFE	4	11	\$ 2,025.96	\$ 184.18	.000	\$ 506.49	\$.04
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 208.49	\$ 208.49	.000	\$ 208.49	\$.00
FAMILY NURSE PRACTITIONER	4	10	\$ 171.96	\$ 17.20	.000	\$ 42.99	\$.00
@TOTAL HOSPITAL	6,420	28,092	\$ 3,627,183.33	\$ 129.12	.539	\$ 564.98	\$ 69.62
HOSP INPATIENT TOTAL	558	2,600	3,036,883.36	1168.03	.050	5442.44	58.29
HSC HOSPITALS	74	770	981,836.38	1275.11	.015	13268.06	18.85
NON-HSC HOSPITAL TOTAL	380	1,411	1,968,804.62	1395.33	.027	5181.06	37.79
ACCOMMODATIONS	380	1,411	494,166.19	350.22	.027	1300.44	9.49
ADMINISTRATIVE DAYS	4	34	7,640.79	224.73	.001	1910.20	.15
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	377	1,377	486,525.40	353.32	.026	1290.52	9.34
ANCILLARIES	378	0	1,474,638.43	.00	.000	3901.16	28.31
INPATIENT CROSSOVERS	110	419	86,242.36	205.83	.008	784.02	1.66
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,137	25,492	590,299.97	23.16	.489	96.19	11.33
MEDICAL	738	1,105	44,066.62	39.88	.021	59.71	.85
SURGERY	349	375	17,608.86	46.96	.007	50.46	.34
PATHOLOGY	2,868	8,097	87,268.89	10.78	.155	30.43	1.68

RADIOLOGY	1,713	2,661		137,221.47	51.57	.051	80.11	2.63
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	2,748 2,954	3,693 9,561		164,686.36 139,447.77	44.59 14.59	.071 .184	59.93 47.21	3.16 2.68
@COUNTY HOSPITAL TOTAL	19	141	Ś	69,180.07	\$ 490.64	.003	\$ 3641.06	\$ 1.33
CO HOSPITAL INPATIENT TOTAL	5	77	٧	66,951.72	869.50	.001	13390.34	1.29
HSC HOSPITALS	4	38		45,871.35	1207.14	.001	11467.84	.88
NON-HSC HOSPITALS TOTAL	1	21		20,240.37	963.83	.000	20240.37	.39
ACCOMMODATIONS	1	21		4,857.30	231.30	.000	4857.30	.09
ADMINISTRATIVE DAYS	1	21		4,857.30	231.30	.000	4857.30	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		15,383.07	.00	.000	15383.07	.30
INPATIENT CROSSOVERS	1	18		840.00	46.67	.000	840.00	.02
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	64		2,228.35	34.82	.001	148.56	.04
MEDICAL	2	2		99.32	49.66	.000	49.66	.00

		_		0.5 4.7			
SURGERY	4	7	185.27	26.47	.000	46.32	.00
PATHOLOGY	4	16	322.69	20.17	.000	80.67	.01
RADIOLOGY	1	1	143.29	143.29	.000	143.29	.00
ROOM USE	9	17	697.65	41.04	.000	77.52	.01
CROSSOVERS/ALL OTH OUTPTNT		21	780.13	37.15	.000	70.92	.01
			S MONTH-OF-PAYMENT F	REPORT FOR JAN 2	2003 THRU D	EC 2003	PAGE 1,919
MOP024	FEE-FOR-SERVIC	•					01/29/04
COLUSA COUNTY	SUMMARY OF SER	VICES FOR TOTAL CE	RTIFIED				~=
50 006 FI TGTDI FG						NTHLY AVERA	
52,096 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,404	,	\$ 3,558,003.26			\$ 555.59	
COMM HOSP INPATIENT TOTAL	554	2,523	2,969,931.64		.048	5360.89	57.01
HSC HOSPITALS	70	732	935,965.03		.014		17.97
	379	1,390	1,948,564.25			5141.33	37.40
ACCOMMODATIONS	379	1,390	489,308.89			1291.05	9.39
ADMINISTRATIVE DAYS	3	13	2,783.49		.000	927.83	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	377	1,377	486,525.40	353.32	.026	1290.52	9.34
ANCILLARIES	377	0	1,459,255.36		.000	3870.70	28.01
INPATIENT CROSSOVERS	109	401	85,402.36		.008	783.51	1.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,123	25,428	588,071.62	23.13	.488	96.04	11.29
MEDICAL	736	1,103	43,967.30		.021	59.74	.84
SURGERY	345	368	17,423.59		.007	50.50	.33
PATHOLOGY	2,864	8,081	86,946.20		.155	30.36	1.67
RADIOLOGY	1,712	2,660	137,078.18		.051	80.07	2.63
ROOM USE	2,739	3,676	163,988.71		.071	59.87	3.15
CROSSOVERS/ALL OTH OUTPTNT	2,944	9,540	138,667.64		.183	47.10	2.66
@STATE HOSPITAL	7	212	\$ 82,723.49			\$ 11817.64	•
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	7	212	82,723.49	390.21	.004	11817.64	1.59
@NURSING FACILITY	600	, -	\$ 1,802,410.74		.343	•	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	32	1,064	113,999.07	107.14	.020	3562.47	2.19

LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .000 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .000 .00 LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 LEV B-REGULAR 568 16,807 1,688,411.67 100.46 .323 2972.56 32.41 @INTERMEDIATE CARE FACIL.-DD 23 765 122,536.97 160.18 .015 \$ 5327.69 \$ 2.35 ICF DDH 13 366 54,594.22 149.16 .007 4199.56 1.05 2834.92 ICF DD 1 22 2,834.92 128.86 .000 .05 377 ICF DDN/DDCN 65,107.83 172.70 .007 7234.20 1.25 @HEMODIALYSIS TOTAL 139 2,730 119,368.94 \$ 43.72 .052 \$ 858.77 \$ 2.29 0 .000 HOSPITAL BASED 0 .00 .00 .00 .00 139 2,730 119,368.94 43.72 .052 858.77 2.29 HEMODIALYSIS CENTER 87 2,124.91 24.42 .002 \$ 236.10 .04 @REHABILITATION FACILITY \$ HOSPITAL BASED 8 76 1,949.14 25.65 .001 243.64 .04 11 175.77 .000 175.77 INDEPENDENT FACILITY 1 15.98 .00 1,843 5,699 90,579.19 .109 49.15 @LABORATORY FACILITY \$ 15.89 \$ 1.74 PATHOLOGY 1,833 5,686 90,475.02 15.91 .109 49.36 1.74 XO AND OTHERS 10 13 104.17 8.01 .000 10.42 .00 @ORGANIZED OUTPATIENT CLINIC 7,674 12,317 979,584.94 79.53 .236 \$ 127.65 18.80 CLINIC 170 483 20,720.22 42.90 .009 121.88 .40 SURGICENTER 69 350 14,914.36 42.61 .007 216.15 .29 20 231.69 11.58 .000 231.69 .00 HEROIN DETOX CLINIC RURAL HEALTH CLINIC 7,480 11,464 943,718.67 82.32 .220 126.17 18.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 1,920 01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

52,096 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		S COST PER	COST PI	ER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBI	ĹΕ
@ALL OTHER PROVIDERS	2,930	160,615	\$	545,452.81	\$ 3.40	3.083	\$ 186.16	\$ 10.4	47
DURABLE MED. EQUIP.	202	467		128,992.57	276.22	.009	638.58	2.4	48
BLOOD BANK	0	0		.00	.00	.000	.00	. (00
HEARING AID DISPENSERS	44	74		16,374.52	221.28	.001	372.15	. 3	31
MEDICAL TRANSPORTATION	473	34,467		200,788.13	5.83	.662	424.50	3.8	85
AMBULANCES/AIR TRANS	303	5,235		66,635.42	12.73	.100	219.92	1.2	28
OTHER TRANS	101	26,772		69,809.21	2.61	.514	691.18	1.3	34
OTHER SERVICES	108	2,460		64,343.50	26.16	.047	595.77	1.2	24
ACUPUNCTURE	2	8		129.76	16.22	.000	64.88	. (00
ADULT DAY HEALTH CARE CTR	0	0		20.30	.00	.000	.00	. (00
GENETIC DISEASE TESTING	107	107		11,108.50	103.82	.002	103.82	. 4	21
IHMC, MODEL-NF, NF, AIDS, MSSP	6	18		2,353.25	130.74	.000	392.21	. (05
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	. (00
OPTICIAN	447	969		11,017.89	11.37	.019	24.65	. 4	21
PHYSICAL THERAPIST	3	7		127.66	18.24	.000	42.55	. (00
PORTABLE X-RAY	20	37		30.89	.83	.001	1.54	. (00
PROSTHETIST/ORTHOTISTS	39	100		7,652.58	76.53	.002	196.22	. 1	15
PROSTHETICS	35	66		3,388.10	51.33	.001	96.80	. (07
ORTHOTICS	4	34		4,264.48	125.43	.001	1066.12	. (80
PSYCHOLOGIST	1	4		75.97	18.99	.000	75.97	. (00
SPEECH AND AUDIOLOGY	70	231		10,722.85	46.42	.004	153.18	. 2	21
HOSPICE SERVICES	2	38		4,591.38	120.83	.001	2295.69	. (09
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	. (00
LOCAL EDUCATION AGENCIES	754	18,465		75,987.57	4.12	.354	100.78	1.4	46
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	. (00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	. (00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	. (00
ALL OTHER PROVIDERS	897	105,623		75,478.99	.71	2.027	84.15	1.4	45
@CALIF. CHILDREN SERVICES*	250	3,799	\$	574,181.83			\$ 2296.73	\$ 11.0	02
@XOVER EXCLUDING STATE HOSP**	2,880	33,710	\$	382,078.69	\$ 11.33	.647	\$ 132.67	\$ 7.3	33

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.